



Gloucestershire
Care Services
NHS Trust

Wednesday 28th November 2018

13:00 hrs - 16:00hrs

PUBLIC BOARD MEETING

Tewkesbury Borough Council
Severn Room
Gloucester Road
Tewkesbury
Gloucestershire
GL20 5TT

Gloucestershire Care Services NHS Trust Public Board Meeting 28th November

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GCS Trust Board

Wednesday 28th November 2018 - 13:00 – 16:00

Tewkesbury Borough Council

Severn Room, Gloucester Road, Tewkesbury, Gloucestershire, GL20 5TT

AGENDA

General Business			Presenter	Purpose
13:00 (guide time)	1/1118	Apologies for Absence and Confirmation the Meeting is Quorate (4 Directors, including two Executive Directors and two Non-Executive Directors, one of whom must be the Chair or Vice Chair)	Chair	To note
13:05	2/1118	Declarations of Interest To receive any declaration of interest from Board members in relation to items on the agenda. Standing declarations are attached as appendix 1.	Chair	To note
	3/1118	Public Health Annual Report 17/18	Director of Public Health Sarah Scott	To note
13:35	4/1118	Minutes of the previous Board Meeting – held on 27th September 2018	Chair	For Approval
13:40	5/1118	Matters Arising Action Log - matters arising not covered by other items on the agenda	Chair	To note
13:45	6/1118	Questions from the Public		To note
Leadership and Strategy				
14:00	7/1118	Board Assurance Framework	Chief Executive	To note
14:10	8/1118	Chair's Report	Chair	To note and approve
14:20	9/1118	Chief Executive and Executive Team Report	Chief Executive	To note
14:40	10/1118	One Gloucestershire – Integrated Care Systems update	Chief Executive	To note
Quality and Operational Performance				
14:50	11/1118	Quality and Performance Committee Report	Committee Chair	To note
	12/1118	Quality and Performance Report – October	Chief Operating Officer & Director of Nursing	To note

Resources				
15:05	13/1118	Resources Committee Report Committee Terms of Reference	Committee Chair	To note For Approval
	14/1118	Finance Report – Month October	Director of Finance	To note
Assurance For Information				
15:45	15/1118	Audit and Risk Assurance Committee Report Terms of Reference	Committee Chair	To note For Approval
Assurance For Information				
15:45	16/1118	Forward Planner Review	Trust Secretary	To note
Other Items				
15:55	17/1118	Any Other Business		
Date of Next Meeting – 31st January 2019				

The Trust Board will hold a private session during the morning of the day of the Board meeting, in keeping with (section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960), press and other members of the public are excluded from this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Appendix 1

Standing Declarations of Interest

Ingrid Barker	<ul style="list-style-type: none"> • Board Members and Trustee NHS Providers • Governor Hartpury College • Husband Vice Chancellor Nottingham Trent University • Joint Chair 2g
Paul Roberts	<ul style="list-style-type: none"> • Joint CEO 2gether
Sandra Betney	<ul style="list-style-type: none"> • Director FTN Ltd (Subsidiary of NHS Providers- Trading Arm) • Co-opted member NHS Providers Finance and General Purposes Committee •
Graham Russell	<ul style="list-style-type: none"> • Chair Second Steps Bristol • Chair Governors Cirencester Deer Park Academy • Chair – Second Step, Bristol (Mental Health and Complex needs) • Wife works at Longfield Hospice
Jan Marriott	<ul style="list-style-type: none"> • Director Jan Marriott Associates • Independent Co-Chair Gloucestershire Learning Partnership Board • Independent Chair Gloucestershire Mental Health Wellbeing Partnership Board • Independent Co- Chair Gloucestershire Physical Disability and Sensory Impairment Board • Community Hospitals Association member • Trustee Prime Foundation
Nicola Strother Smith	<ul style="list-style-type: none"> • Mentor Health & Justice Commissioner NHSE SW
Richard Cryer	<ul style="list-style-type: none"> • Trustee Action for Children, Action for Children Pension Fund
Candace Plouffe	<ul style="list-style-type: none"> • Trustee Active Gloucestershire
Mike Roberts	<ul style="list-style-type: none"> • GP Partner Rosebank Surgery Gloucester • Rosebank Health is a member of the Gloucestershire GP Provider Forum (GDoc)
Neil Savage	<ul style="list-style-type: none"> • Joint Director HR & OD

- *Please note that a nil declaration will not be shown above.*

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LEADING THE WAY TO WELLBEING

THE MENTAL WEALTH
OF GLOUCESTERSHIRE

**Report of the
Director of Public Health
2017/18**

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ACKNOWLEDGMENTS AND CONTACT DETAILS

My thanks go to members of the Gloucestershire County Council public health, communications and data analysis teams who have helped to draft and produce this year's annual report:

Jennifer Taylor, Suzie Lane, Frances Clark-Stone, Nicky Maunder, Charlotte Bigland, Tanya Richardson, Di Billingham, Vicky Powell, Hannah Britton and Rowan Renow-Clarke with design by David at Whistle & Taylor.

I would also like to thank those partners who are already delivering positive actions to promote mental wellbeing and who have shared their good work in this report.

Finally, I'd like to thank those Gloucestershire residents who shared their own thoughts on mental wellbeing as part of this year's report.

I welcome your thoughts on this report and hope it inspires you to get involved and to commit to promoting good mental health and wellbeing and preventing mental illness.

Please get in touch with me by emailing sarah.l.scott@gloucestershire.gov.uk.

FOREWORD

Ever since the mental health strategy for England, No Health Without Mental Health¹, was published in 2011, the subject has gained a growing profile, both within public services and amongst the population.

Given that mental health problems are one of the main causes of the overall disease burden worldwide², this is really positive.

Much of the attention and effort has, quite understandably, focused on the provision of good quality and timely treatment and support for people living with mental illness.

These services are critical and there is always more to be done to continue to improve them, but it is now time to put greater emphasis on the promotion of good mental health and wellbeing and the prevention of mental illness.

The topic of my annual report this year is mental wellbeing. The World Health Organization defines this as “a state where everyone is able to realise their potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.”³ Good mental wellbeing can prevent self-harm, suicide and the onset or deterioration of mental illness and aid recovery.

My report sets out five mental wellbeing priorities for Gloucestershire’s Public Health team and our partners:

- Promoting good mental health and wellbeing from the earliest age;
- Helping people build the Five Ways to Wellbeing into their everyday lives;
- Creating and sustaining the conditions for good mental wellbeing;
- Working in partnership to prevent self-harm and suicide;
- Building mental health-friendly communities and workforces.

Although this report covers mental wellbeing for all, we know that some people, including those living in areas of socioeconomic disadvantage, are more likely to have poor mental health and wellbeing than others⁴ and that some of our work must be more targeted to address this.

This year, the Gloucestershire Health & Wellbeing Board launched GloW (Gloucestershire Wellbeing): Positive actions for better mental wellbeing. At the heart of GloW is a commitment: to promote good mental wellbeing and prevent mental illness.

I’m delighted that, at the time of writing, 29 Gloucestershire organisations have signed this commitment and pledged actions to support it.

My role – and the role of the public health team – is to provide leadership to the GloW movement, but its success will require all of us to play a part: organisations, communities and individuals.

As such, this report celebrates not only activity led by the county council, but by many of our partners. Equally, delivery of its recommendations should be considered a priority by everyone across the system.

I hope you find this report interesting and informative but also that it inspires you to work with us to make Gloucestershire a county where everyone has the opportunity, tools and support to have good mental wellbeing.

Sarah Scott

*Director of Public Health
October 2018*



WHAT IS MENTAL WELLBEING?

The definition of mental wellbeing can be very personal. I asked people to tell me about what mental wellbeing means to them.

You'll find their responses throughout the report. I was struck by the individuality of the responses, but also the many similarities.

"Good relationships, a balance achieved between what you have to do and what you want to do, avoiding unnecessary stress and capacity to manage life's challenges and to have or know you can call upon support when need."

(Anonymous male, late 50s, Gloucester)

"To me, it means being happy, not stressed, comfortable in my own skin, at peace with myself and others around me, being able to stick to what is good for me and avoiding what isn't, accepting what happens in life and moving on whether it's good or bad."

(Anonymous male, 40s, Gloucester)

"Mental is your head or brain and wellbeing is what emotions inside make you feel happy"

(Jamie, 10, Gloucester)

"Mental wellbeing to me means that a person can think, make decisions and be themselves on a daily basis without feeling any time of anxiety or depression. Living life without any doubt or fear."

(Ellie, 28, Self-Employed, Gloucester)

"It's about feeling good about yourself and being resilient enough to cope with the world."

(Deborah, 30s, Administrator, Forest of Dean)



‘Mental wellbeing’ can seem like a difficult concept to define.

I am using it in this report as distinct from – but related to – ‘mental health’, which is often considered to be defined by the absence of a mental illness.

There is a lot of crossover between these concepts and this report touches on them all. It is important to make this distinction because it is possible to have a diagnosed mental illness and to experience mental wellbeing or vice versa, as described below.

The New Economics Foundation (NEF) ⁶ says:

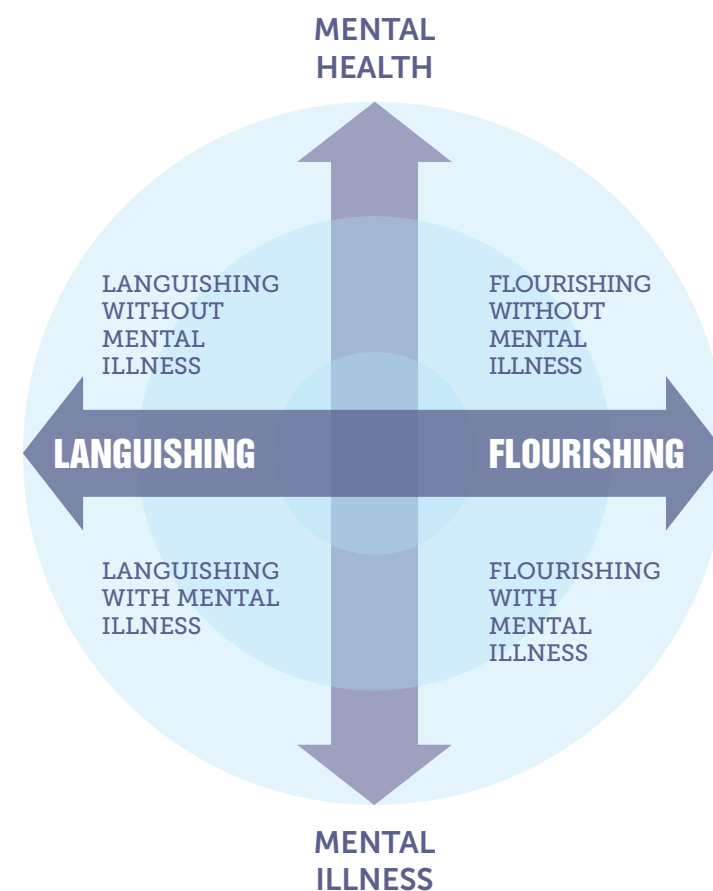
“The concept of wellbeing comprises two main elements: feeling good and functioning well.

“Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life.

“Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one’s life and having a sense of purpose are all important attributes of wellbeing.”

Poor levels of mental wellbeing can also have an impact on a range of other aspects of our lives, including our social and family relationships; our achievements in school or work; and our health behaviours, such as what we eat and whether or not we exercise.

A focus on mental wellbeing is therefore a vital component of the work our whole system does to improve the health, wellbeing and quality of life of our population.



(Adapted from Keyes's Languishing/Flourishing Continuum ⁵)

GLOW AND THE GLOUCESTERSHIRE COMMITMENT

Led by the Gloucestershire Health and Wellbeing Board, we are creating a countywide movement to promote good mental wellbeing and prevent mental illness.

We've started this by launching GloW: a commitment to taking positive action to improve mental wellbeing for everyone in Gloucestershire.

The aim of the campaign is to increase focus on the contributing factors of mental wellbeing – where we live, our education and employment, our social and community networks – and help organisations and communities recognise where they can make improvements to have a positive impact on our day to day wellbeing.

By looking to make a difference to these, we are able to improve the mental wellbeing of Gloucestershire residents, and prevent mental illness in the future.

This is a new approach for health and social care services as historically mental wellbeing has been considered only when a person feels they want to raise concerns with a professional or person of trust, and then treatment may follow.

When we focus on the factors that affect our wellbeing day to day, we are in a better position to keep ourselves well and less likely to hit crisis point.

At the heart of GloW is the Gloucestershire Commitment, signed by organisations in the public, private and voluntary sectors who want to pledge to be a part of the movement.

This is based on the national Prevention Concordat for Better Mental Health, led by Public Health England -

www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

The wide range of partners who have already signed the Gloucestershire Commitment can be seen at

www.gloucestershire.gov.uk/glow



THE GLOUCESTERSHIRE COMMITMENT

Signed-up organisations are committed to promoting good mental health and wellbeing and preventing mental illness.

This means:

1. We agree that mental health and wellbeing is everyone's business, and all organisations have a role to play in promoting a prevention-focussed approach towards improving the public's mental health.
.....
2. We understand that in order to make the biggest impact on the public's mental health, we must commit to considering all factors that influence wellbeing, for all individuals, including influences that may not traditionally be thought of under the lens of mental health.
.....
3. We recognise the need for a shift towards prevention-focussed leadership and action throughout the system to promote better mental health. The use of more upstream interventions will ensure that wellbeing is promoted and protected earlier, preventing the development of mental ill health.
4. We agree that an increased focus on the prevention of mental health problems and the promotion of wellbeing for all should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions.
.....
5. We will work collaboratively across organisational boundaries, disciplines and sectors, to continue to build and harness the assets of local communities which impact positively on mental health. This will ensure that place-based initiatives and activities that already exist, as well as newly developed interventions, are sustainable and continue to benefit local communities' mental wellbeing.
6. We will build a workforce that understands the wider determinants of mental health and what influences wellbeing. Our workforce will also understand the impact that we, as employees as well as residents and members of our own local communities, can have on promoting good mental wellbeing. We will build capacity and capability to ensure that the workforce demonstrates awareness of promoting wellbeing at every opportunity through everyday working practices.
.....
7. We are committed to supporting each other to adopt this concordat and its approach.



TAKING ACTION TO MAKE A DIFFERENCE

To sign up to the Gloucestershire Commitment, organisations are required to pledge an action to put it into practice.

This can either be within their working practice with clients or service users, or within their staff or volunteer team. All of the actions pledged so far can be found at www.gloucestershire.gov.uk/glow.

Below are a few examples of actions pledged. Each year, those who have pledged actions are asked to give an update on their progress.

We know that there is already a great deal of activity going on in the county that could be considered under the GloW banner.

Some of it is celebrated in this report. We're starting to map this activity so that we can make positive connections and learn and share good practice but also so that we can identify any gaps where more work is needed.

This will inform our partnership plans for action over the coming years, based on local need and evidence of what works.

Age UK Gloucestershire



"Age UK Gloucestershire is committed to offering older people an opportunity to improve and sustain mental wellbeing through peer to peer support and activity.

AUKG will further build on its Springboard Group hub model, promoting and supporting the growth of groups available to older people across Gloucestershire.

Older people will gain opportunities to work within the Springboard Groups and with other local community organisations to rebuild their own resilience and offer encouragement to others."

Gloucester City Council



1. "We will provide Mental Health First Aid training to our Members, Staff and Volunteers
2. In continuing our journey to becoming a dementia friendly council, we commit to ensure that 70% of our staff and members are 'Dementia Friends' by March 2019
3. We will train appropriate front-line services to recognise and respond appropriately to Adverse Childhood Experiences (ACEs) by March 2019
4. In designing our customer facing spaces, we will ensure that these are physiologically informed and meet the requirements of residents with mental health conditions."

Gloucestershire Constabulary



"The Constabulary is committed to promoting and supporting the positive physical and mental health and wellbeing of our staff and volunteers.

We will achieve this through implementing a structured programme of evidence-based activity that develops supportive leaders and impacts positively on all aspects that contribute to the wellness of our people.

Locally all activity will be co-ordinated through our Supportive Leadership & Wellbeing Steering Group and nationally all of our activity will be assessed through our MIND (mental health) action plan and through the Emergency Services Blue Light (Oscar Kilo) Wellbeing Framework."

PROMOTING GOOD MENTAL HEALTH AND WELLBEING FROM THE EARLIEST AGE

My last annual report focused on children and young people in Gloucestershire, setting out ambitious plans to secure their health and wellbeing.

This includes plans to improve their mental health and wellbeing from the earliest age, including supporting the mental health and wellbeing of parents during the perinatal period.

Over half of mental health problems in adulthood begin by the age of 14 and 75% by the age of 18⁷.

This means it is imperative we focus on children and young people's mental wellbeing and its determinants, not just to improve the quality of their life now, but also to prevent the longer lasting impact on their mental health.

Gloucestershire's Online Pupil Survey (OPS) surveys thousands of school age children and young people in the county every two years.

Included in this survey is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which pupils are asked to score themselves against, giving us an insight into self-reported levels of mental wellbeing amongst the school aged population.

**"Having a snuggle with mummy.
Or playing football. Or pasta
with cheese. Or Ninjago lego.
Or Mario racing. But not when
you have to have a shower if you
are not muddy."**

(Edward, 6, Stroud)

"Being happy being you."

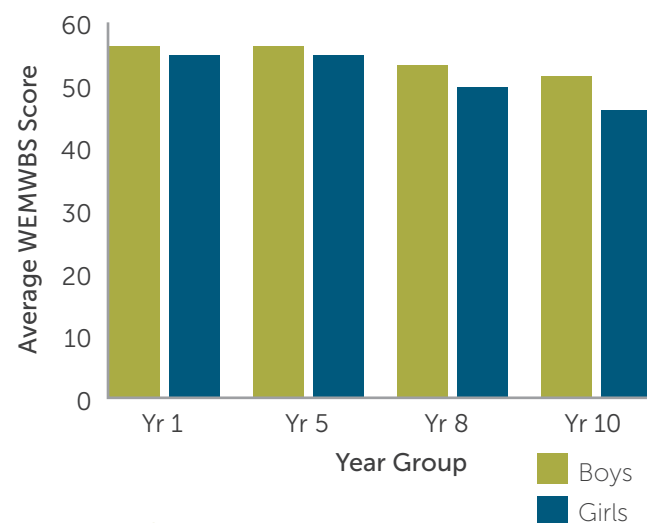
(Matilda, 10, Stroud)

**"It's how you are coping
with what's going on. If you
let the stuff get you down,
how you sort your stuff."**

(Shayne, 16, Apprentice, Gloucester)



Average WEMWBS Score by Year Group and Sex (Online Pupil Survey, 2016)



WEMWBS scores can be categorised as:

SCORE

59-70 High emotional and mental wellbeing

41-59 Average emotional and mental wellbeing

33-40 Below average emotional and mental wellbeing

0-32 Very low emotional and mental wellbeing

We can see that the average WEMWBS score declines in the older year groups and that this decline is sharper amongst girls, although these scores remain in the 'Average emotional mental wellbeing' category.

Recent activity in Gloucestershire – including a pilot project to better link mental health services to schools and an improved counselling offer for young people – has highlighted anxiety as the most commonly reported issue, increasing as children grow into their teenage years.

Some young people use self-harm as a coping mechanism for emotional distress. In Gloucestershire, there is a higher rate of young people admitted to hospital for self-harm than in England. More recently, however, the Gloucestershire rate has improved against the South West rate.

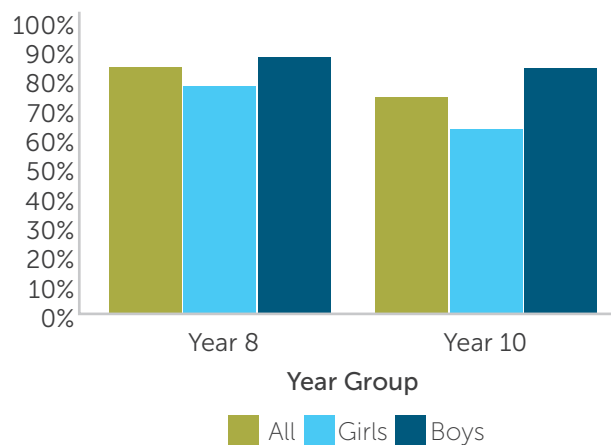
However, hospital admissions only tell us part of the story; research suggests that amongst 15-17 year olds, there is a rate ratio for hospital-presenting self-harm to community self-harm of 1:7⁸.

The Gloucestershire Online Pupil Survey (OPS) asks pupils in years 8 and 10 whether they have ever self-harmed or taken an overdose (the most common reason for admission to hospital for self-harm).



This graph shows that both self-harm and overdosing is more common in girls, with Year 10 girls most likely to report doing so. This is broadly in line with national trends, although estimates vary significantly.

% of young people reporting that they have never self-harmed or taken an overdose (Online Pupil Survey, 2016)



Section 7 outlines the work we have been doing with partners to reduce and prevent self-harm and improve the pathways to support those who do.

Prevalence of mental health conditions in children and young people in England is based on data from 2003, so is unlikely to accurately reflect the current situation. However, it suggests that 1 in 10 children between the ages of 5-16 years have a clinically diagnosed mental disorder ⁹.

Based on 2017 population estimates, this means around 7,075 children aged 5-16 in Gloucestershire have a diagnosed mental health condition, which would require treatment in primary care or in specialist mental health services.

However, there are risk factors that mean some children and young people may be more likely to have or go on to develop poor mental health.

These could include having a long-term physical illness; having a parent with mental health or substance misuse problems; being bereaved; experiencing abuse; living in poverty; experiencing discrimination; being a young carer; or having learning difficulties ¹⁰.

Action to support these children and young people – helping them to build resilience and protective factors to improve and maintain their wellbeing and prevent the onset of poor mental health and mental illness – is a particular focus of our work. One aspect of this is our work on ACEs.

SPOTLIGHT ON ACES

In my last annual report, I highlighted our early thinking on Adverse Childhood Experiences (ACEs): how we can prevent them and how we can mitigate their impact so that ACEs don't have to mean poor outcomes for the children and young people of Gloucestershire.

A study by Public Health Wales ¹¹ found that people who experienced 4 or more ACEs were 6.1 times more likely to have received treatment for mental illness and 9.5 times more likely to have self-harmed or felt suicidal.

They also had increased likelihood of other, interconnected outcomes, such as substance misuse, incarceration and physical health conditions.

Since my last report, the Gloucestershire Health & Wellbeing Board has formed an Advisory Panel on ACEs, which has developed a local strategy, setting out what partners intend to do to prevent, intervene early and overcome the effects of ACEs.

This complements and will be aligned with the work outlined in the forthcoming Children, Young People and Families Partnership Framework to:

- Reduce sources of stress;
- Support responsive relationships;
- Strengthen core life skills.

The Gloucestershire ACEs Strategy proposes to:

- raise awareness and understanding of ACEs with communities and organisations through delivery of a co-ordinated local campaign;
- implement training to equip communities and organisations to respond appropriately to ACEs;
- continue to work in partnership with communities and organisations to build resilience through encouraging trusted relationships and developing core life skills;
- develop relevant resources and information for people identified with ACEs who need signposting to further sources of support;

- increase our understanding of the distribution of ACEs across Gloucestershire;
- incorporate ACEs informed approaches into relevant organisational policies, strategies and contracts (to include safeguarding policies, referral screening tools, etc.); and
- evaluate interventions and share good practice and positive outcomes from ACEs work across Gloucestershire, the South West and beyond.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Future in Mind – making it easier for children and young people to access help as early as possible

Gloucestershire's Future in Mind Transformation Plan has seen increased focus on children and young people's mental health and wellbeing across all levels of need.

In particular, the plan has led to additional investment by Gloucestershire NHS Clinical Commissioning Group (CCG) and county council in prevention and early intervention.

Following feedback from young people, the On Your Mind website (www.onyourmindglos.nhs.uk) was launched to provide information and advice about a range of topics affecting young people's mental health and wellbeing, how young people can help themselves and their friends and the local services and support they can access.

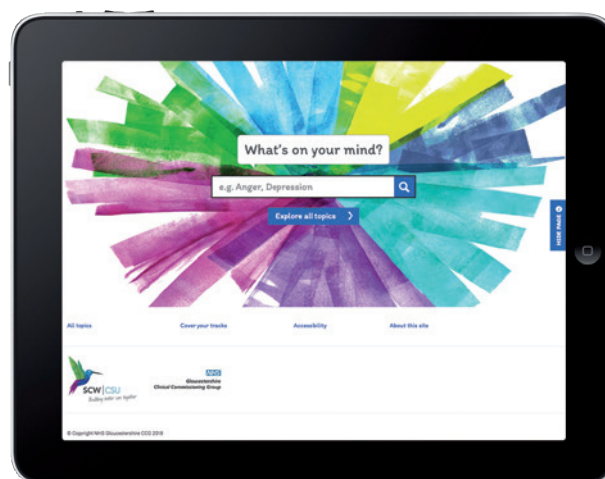
The site is designed to be attractive and accessible to young people and includes artwork designed by them during a workshop with a professional illustrator.

In 2016/17, there were 8,236 page users, rising to 18,832 in 2017/18.

To improve early intervention in the county, the CCG has also increased the availability of evidence based counselling for young people who are in emotional distress for a range of reasons.

This is provided by the voluntary sector organisation, TIC+, through both face-to-face provision and a new online counselling service (www.ticplus.org.uk).

TIC+ work closely with the Children and Young People Service (CYPS) and will ensure that young people with a higher level of need are supported by the specialist mental health service. In 2017/18 TIC+ saw 1,672 children, young people and families for counselling.



www.onyourmindglos.nhs.uk

The top ten issues reported by young people using TIC in 2017/2018

85% ANXIETY/WORRY/STRESS

60% FAMILY RELATIONSHIP PROBLEMS

43% ANGER

43% LOW SELF-ESTEEM

30% FRIENDSHIP PROBLEMS

28% DEPRESSION

28% SLEEP PROBLEMS

26% SCHOOL WORK

17% SUICIDAL THOUGHTS

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

There is already a great deal of work going on in Gloucestershire to improve and sustain children and young people's mental health and wellbeing.

Much of this is not directly described as mental health and wellbeing work but will have a positive impact.

However, there are some specific areas of focus for Public Health and our partners in the near future:

- Rolling out the ACEs Strategy, so that partners and communities across Gloucestershire can understand, talk about and act on ACEs;
- Influencing the new Health & Wellbeing Strategy for Gloucestershire, ensuring the mental wellbeing needs of children and young people are well understood and incorporated as appropriate;
- Supporting the actions and strategy to create a child friendly county, ensuring children and young people's mental wellbeing is a key consideration;

- Continuing to support schools to implement early interventions to promote good mental health using whole school approaches;
- Working with the CCG and other partners to continue to implement the Gloucestershire Transformation Plan for Children & Young People's Mental Health & Wellbeing. This will include improving early intervention support in school settings for young people who have mild to moderate mental health needs and making information and advice more easily available to parents and carers.

Other priorities identified elsewhere in this report apply to children and young people; where this is the case, we will ensure that their needs are taken into consideration and our actions tailored to meet these needs.



HELPING PEOPLE BUILD THE FIVE WAYS TO WELLBEING INTO THEIR EVERYDAY LIVES

The Five Ways to Wellbeing are everyday activities that anyone can do to improve and maintain their own mental wellbeing.

Developed by the New Economics Foundation (NEF) in 2008¹², they were selected on the basis that they:

- Are evidence-based;
- Have universal appeal;
- Target the individual, not society;
- Are distinct and provide variety.

"Looking after yourself: taking time out to sleep, eat good food, recognise when you are tired, being around people that value you and uplift you, exercising and having fun."

(Nasim, 50, mum and works, Gloucester)

Although they are simple statements – Connect, Keep Active, Take Notice, Keep Learning, Give – they can be interpreted in lots of ways and adapted to suit the individual.



"Regarding my volunteer work at Cirencester Library, I can assure you that the pleasure is all mine! ... It gives me great satisfaction to tidy the children's section and join in and help them as much as possible... It has been an absolute pleasure, and has given me a focus in my life which was lacking, so I should be thanking the library."

(Janet, Gloucestershire Libraries Volunteer)

"It's about making sure you look after yourself, spending time with your friends and family, not working too hard and not getting yourself into too many stressful situations"

(William, 59, Engineer, Forest of Dean)

CONNECT

This activity focuses on building connections to the people around you: family, friends, colleagues or neighbours. NEF identifies an evidence base that shows an association between social participation and mental wellbeing. It also identifies the importance of both the strength and breadth of social networks.

It can be difficult to measure social connection, but we can look at proxy measures, such as the percentage of people who live alone.

In Gloucestershire, 13% of residents live in a household occupied by a single person (2011), which is higher than in England. Some people experience higher levels of isolation because of their circumstances. For example, 28.5% of adult carers in Gloucestershire say they get enough social contact, which is lower than the England rate of 35.5%.

KEEP ACTIVE

This is not just about taking part in organised sport but about finding a physical activity that you enjoy and suits your level of mobility, e.g. walking, running or cycling, playing a game or gardening.

NEF highlights a broad evidence base for the relationship between physical activity and mental wellbeing. Gloucestershire residents are more active than the England average, with 69.2% of adults in the county doing enough physical activity to meet or exceed Chief Medical Officer recommendations, compared with 66% for England.

However, rates of physical exercise are lower for those living in areas of higher deprivation, for black and minority ethnic groups and people with disabilities; factors which are also associated with a higher risk of developing poor mental health. .

TAKE NOTICE

For some, this activity means actively practicing mindfulness or meditation but, for others, it is simply about slowing down, being curious and noticing details in their own feelings and the world around them, such as the changing seasons or the taste of the food they are eating.

There is also a strong relationship between taking notice and taking part in arts, culture and creative pursuits. NEF identifies a number of intervention studies that show that even 8-12 week programmes of behaviour change training that help people to be more aware of sensations and thoughts can have lasting impacts on wellbeing and the ability to choose positive behaviours.

There are no obvious measures to show how Gloucestershire residents are taking notice. However, we know that mindfulness is being practiced in a range of settings.

KEEP LEARNING

This activity is about learning throughout our whole lives, not just when we are at school, and through formal and informal learning. NEF highlights the positive impact of ongoing learning on self-esteem, social interaction and feelings of self-efficacy, life satisfaction and optimism.

In 2017/18, the Gloucestershire Adult Education Service reached over 2,500 adult learners, with an emphasis on delivering learning in the most deprived communities and for people with moderate learning disabilities and difficulties, and/or very low levels of literacy and numeracy.

In the last year the service has worked with increasing numbers of adults with mental ill-health ranging from anxiety and depression to more complex and serious conditions in partnership with 2gether Trust, Independence Trust, Recovery College and community partners. The service also provides community and family learning, to encourage parents and carers to re-engage with learning and promote confidence and raise aspirations for the whole family.

GIVE

Doing something nice for a friend or stranger – even giving them a smile or a kind word – or giving back to and participating in your community, including through formal volunteering, is good for your wellbeing.

NEF refers to studies that indicate that social cooperation is intrinsically rewarding. It is particularly important to note the connection between the individual's wellbeing and the wellbeing of the wider community, so that inward-looking activities are less beneficial. There is no recent data on volunteering levels in Gloucestershire but there are many opportunities to volunteer in formal roles, such as school governors or parish councillors; in voluntary and community sector organisations; or for public services, such as local libraries:

WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

In Gloucestershire, the county council and partners are developing ways to help people build these activities in to their everyday lives, so that they can take control of their own wellbeing, making it a normal part of their life.

Gloucestershire Healthy Living & Learning – building the FIVE WAYS into the school environment

Gloucestershire Healthy Living and Learning (GHLL) is an umbrella organisation for Gloucestershire Healthy Schools and Gloucestershire Healthy FE (Further Education).

Supported by funding from the county council and the Clinical Commissioning Group, GHLL has been working with schools to develop a Mental Health Champions schools award, which can be achieved if the school demonstrates that it is implementing interventions to promote staff or pupil mental wellbeing.

One of the ways schools have been promoting mental wellbeing is by bringing the Five Ways to Wellbeing into the school day.

Some schools have issued a task to complete each of the Five Ways to Wellbeing as alternative homework, called the OAKS challenge (One Act of Kindness Shared), which has resulted in increased self-reported happiness in pupils.

Other schools have created colourful signage to display in the school playground, which has been accompanied with an innovative 'Positive Playground Practice' initiative that sets up pupils to bring the Five Ways to Wellbeing to life during their break and lunch times.

A video showing these activities was recently produced:

To date, 19 Primary Schools, 6 secondary schools, 3 independent and 3 special schools have achieved the Mental Health Champions award.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Active Gloucestershire – helping people KEEP ACTIVE

Research shows that short-term standalone sport and physical activity programmes don't deliver long-term benefit. Gloucestershire Moves is a "whole system approach" to raise physical activity levels across the county and get everyone in Gloucestershire moving. Supported by all statutory partners,

Gloucestershire Moves will use behaviour change theory to create a culture of daily physical activity, through interventions at individual, community and population levels, as part of a cycle of planning, implementation and evaluation.

The impact of physical activity on mental wellbeing is being embedded across Gloucestershire Moves and has been informed by research that Active Gloucestershire undertook to understand the relationship between physical activity and mental wellbeing in Gloucestershire.

This research was funded by Gloucestershire NHS Clinical Commissioning Group and identified key learning:

- Being active where you want to be: moving away from traditional views and perceptions that physical activity has to be done in a gym or on a sports field. Everyone can be active wherever they are, and a lot of people prefer to be active in their own home
- Behavioural insight: focusing on motivation and using behavioural diagnosis to identify different interventions
- Marketing and communication: getting the right content at the right time to the right person to increase motivation to be active. Using a mixture of 'word of mouth' and social media is essential to getting this right
- Whole system approach – co-ordinated approach needed - all partners should work together to share consistent messages from policy to grassroots levels.

Active Gloucestershire, together with the Mental Health, Sport and Physical Activity Forum, will continue to explore these issues and feed into GloW ways in which physical activity can promote wellbeing.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Support at the Cavern – an opportunity to CONNECT

Funded by Gloucestershire NHS Clinical Commissioning Group, Support at the Cavern (run by Kingfisher Treasure Seekers) is an out of hours mental health support drop in, open every night of the year in a local café and tearoom in Gloucester City Centre. It offers a safe and supportive space as an alternative to isolation.

The drop in is a non-clinical offer, but instead focuses on social connections and listening support.

Through activities, such as board games and adult colouring and inclusive activities such as quiz nights, it helps people feel less isolated, cope with anxiety, meet new people and provide support at a time of day when little low level or early intervention support is available from the statutory services.

You can see a video about the support that was recently produced by the South West Zero Suicide Collaborative

Since it opened in July 2016, Support at the Cavern has seen 724 individuals walk through its doors, totalling 21,510 visits

Support at The Cavern has recorded a wide range of positive outcomes, including visitors reporting that attendance helped prevent over 200 instances of suicide attempts.

It has an average service user rating of 9.11 out of 10 with 86% of service users rating it 8 out of 10 or higher.

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

The GHLL example outlined above shows that the Five Ways to Wellbeing can be adapted and embedded in different settings, helping individuals to practice them as a normal part of their day to day routine.

As part of the GloW campaign, we want to encourage workplaces, community groups and other settings – as well as individuals – to take up this challenge and share with us stories of how they've lived the Five Ways everyday.

We will also continue to work with organisations who can help Gloucestershire residents to practice one or more of the Five Ways so that these are promoted and taken up, particularly in areas where people may be at higher risk of developing poor mental health.



CREATING AND SUSTAINING THE CONDITIONS FOR GOOD MENTAL WELLBEING

In the last chapter, I referred to the actions that an individual can take to improve or maintain their own mental wellbeing.

However, there are other social, economic and environmental factors that can affect our mental health and wellbeing both positively and negatively.

Many will be familiar with the concept of these wider determinants of health, described in the well-known model by Dahlgren and Whitehead, but importantly, these factors are just as relevant to our mental health and wellbeing as our physical health.

"It's about feeling safe and secure where you live, and feeling at peace with life and yourself."

(Marie, 50s, Teaching Assistant, Forest of Dean)

K: I think it's being happy with yourself, in yourself and happy with your environment.

B: I don't know, I was thinking more along the lines of being able to cope, you know...

K: That goes with being happy with your environment... work/life balance...

B: Yeah, yeah I believe mental wellbeing is the ability to cope... to cope with everyday life, to fit in, to be a part of society... to not be struggling.

(Both male, 40s, Cheltenham)



CORE DETERMINANTS OF HEALTH

There is a range of different determinants, including our:

- **education and attainment** - increased levels of education are strongly and significantly related to improved health ¹³;
- **employment and working conditions** – having a job is generally good for our health but working in a stressful environment can have a detrimental effect on our mental health ¹⁴;
- **financial and social status** - socio-economic status is a major determinant of both life expectancy and healthy life expectancy ¹⁵;
- **housing** - home owners have better mental health and higher self-esteem (but can be at risk of stress due to financial pressures) but poor housing quality, e.g. cold or damp, also has an impact ¹⁶;
- **the physical environment in which we live** - there is strong evidence that access to green spaces improves mental health and wellbeing ¹⁷;
- **social networks** – as described in the previous chapter, strong and broad social networks can enhance mental wellbeing.

A 2014 review of evidence on the social determinants of mental health ¹⁸ identifies that the following factors can be associated specifically with a higher frequency of mental health conditions:

- Low educational attainment
- Material disadvantage • Unemployment
- Debt • For older people, social isolation.

IN GLOUCESTERSHIRE



5 or more A*-C GCSE grades (including English and Maths) are achieved by 61.4% of pupils, compared with 57.8% in England;



10.7% of the population live in income deprived households reliant on means-tested benefit, which is better than in England. 12.4% of children in the county (13,080) live in low income families, which is also better than in England (16.8%);



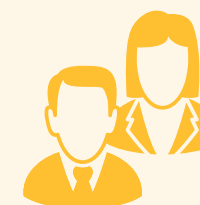
80.8%

The percentage of people aged 16-64 who are in employment (80.8%) is higher than in England (74.4%)

THERE IS SOME VARIANCE IN THESE DATA WHEN WE LOOK AT THEM AT DISTRICT LEVEL:



In Gloucester City, 53% and in Forest of Dean, 51% of pupils achieve 5 or more GCSEs at grades A*-C (including English and Maths), which is worse than in England;



73.9%

In Forest of Dean, 73.9% of people aged 16-64 are in employment, which is similar to England.

There is also variance at a much smaller geographical level, with 13 areas of the county (10 in Gloucester and 3 in Cheltenham) in the 10% most deprived nationally for the Indices of Multiple Deprivation.

These 13 areas account for 20,946 people (3.4% of the county's population).

From this, we can see there are likely to be mental health inequalities in Gloucestershire; poorer mental health outcomes which result from the factors that make up multiple deprivation.

The 2014 review referred to above emphasises the importance of long-term approaches to addressing these determinants; building mental health into all policies; and taking mental health into account in a wide variety of sectors, including not just health, but also education, criminal justice, economy and welfare, transport and housing sectors ¹⁹.

The Local Government Association (LGA) publication, *Being Mindful of Mental Health* ²⁰, sets out the ways in which local authorities can influence mental health and wellbeing.

This includes district councils' housing and homelessness responsibilities, planning, economic development, community safety, parks and green spaces and culture and leisure.

Whilst this publication is aimed at local authorities, it is clear that other partners have a role to play in these areas, e.g. housing associations, the police, the Local Enterprise Partnership (LEP) and local businesses and voluntary sector partners such as arts and natural environment organisations.



WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Making the most of Gloucestershire's natural environment to improve mental wellbeing



Gloucestershire

Gloucestershire Wildlife Trust's Natural Health Service

Gloucestershire Wildlife Trust recognises the wellbeing benefits of volunteering in conservation²¹ and has run weekly conservation groups on its nature reserves for many years.

Since 2014, two volunteer groups operating in Stroud District have been promoted as part of Gloucestershire's social prescribing system.

Not everyone who joins the group does so to improve their health and wellbeing but for some it is the primary reason for joining. The approach has been effective in reaching people who seldom engage with regular healthcare pathways, particularly men aged 55-75. The participants undertake moderate physical activity, benefitting from spending time in natural green spaces.

The social networks they form, support to manage their own health conditions such as type-2 diabetes and the positive experience motivates them to continue participation.



Our Bright Future

One of 31 Big Lottery funded projects in the UK, Our Bright Future gives young people aged 11-24 the opportunity to engage with the natural world in Cheltenham, Tewkesbury and Gloucester either in school or at community sites.

Participants over 16 often have anxiety or behavioural issues and can be socially isolated. Activities include learning practical skills to make bird boxes and insect houses, growing and selling plants and gardening tasks such as digging and raking, with a strong emphasis on team work and peer support. There is an opportunity to gain AQA accreditation, giving them a sense of purpose and achievement. Mental wellbeing is measured at regular intervals.

A video, made by one of the Our Bright Future young people, is available here:

<https://www.youtube.com/watch?v=eLQ7NyQuo7o>



Brighter Futures

Funded by the Police & Crime Commissioner in six locations across Gloucestershire, Brighter Futures is a six week course in a green space, open to all ages, which aims to:

- increase engagement with a local green space;
- improve employability skills;
- increase participants' sense of place;
- reduce social isolation;
- improve participants' wellbeing; and
- increase volunteering.

At the end of Year 1, there was an 81% improvement in participants' wellbeing, 89% of participants felt less socially isolated and 70% started volunteering with Gloucestershire Wildlife Trust or with other organisations.

A video about Brighter Futures is available here:

https://www.youtube.com/watch?v=5n-_Vxg_znU

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

We want to continue to build on the progress of the GloW campaign by engaging with partners who have a role related to one or more of the wider determinants.

This includes private sector employers, housing providers and district council planning and leisure teams. We will work with these partners to raise awareness of how mental wellbeing is related to their responsibilities and to help them to mitigate negative impacts and promote positive ones.

You can help us by engaging with the GloW campaign, pledging an action and raising the profile of this important shift in focus.

Some of our key areas of focus for the wider determinants over the coming months will be:

- Reviewing the impact of and learning from the Stroud Money Advice for Mental Health project;
- Supporting the Active Design workstream of Gloucestershire Moves, including the promotion of Gloucestershire Wildlife Trust's Building with Nature benchmark;
- Influencing planning policy and supporting planners to ensure the built environment enables good wellbeing;
- Ensuring that, while our mental wellbeing work will seek to reach the whole Gloucestershire population, we focus our efforts in areas where people may experience mental health inequalities.



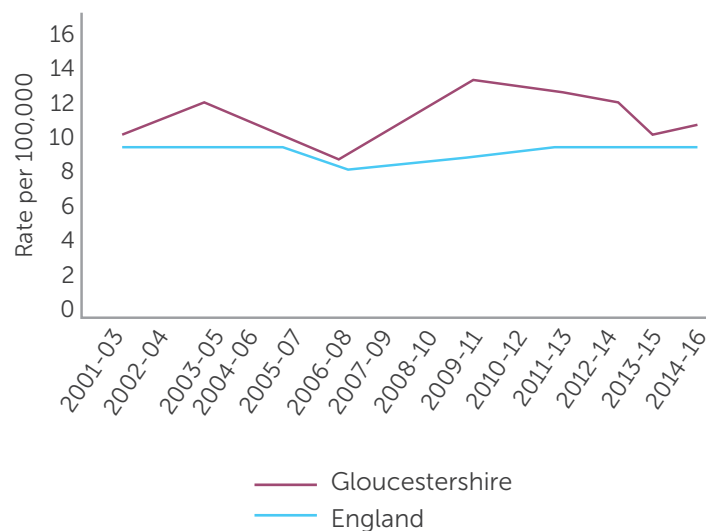
Positive actions for
better mental wellbeing

WORKING IN PARTNERSHIP TO PREVENT SELF-HARM AND SUICIDE

Partners in Gloucestershire have been working hard to reduce self-harm and suicide.

Gloucestershire residents have a lower prevalence of common mental health disorders (e.g. depression) than across England, but rates of people in the county being admitted to hospital having self-harmed or dying by suicide have been higher than the England rate for a number of years.

Suicide: age standardised rate per 100,000 population (3 year rolling average for 2001-2016)



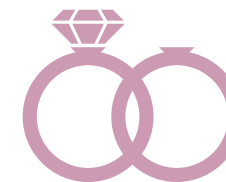
Our audit of deaths by suicide in Gloucestershire between 2013 and 2015 was published in 2017 and identified some key demographic trends:



4 out of 5 were men



35% were living alone



63% were single or separated/divorced



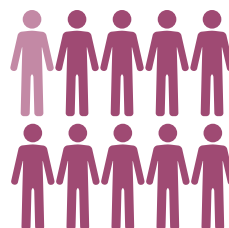
The 'Other White' ethnicity group was over-represented



Forest of Dean was the only district where the rate had increased



5.4% were known to identify as LGBT



10% were recently bereaved

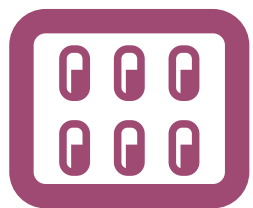


A quarter had a long term condition or disability



21% were employed in the skilled trade

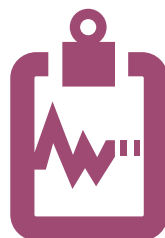
The audit also identified some important information about the way in which people who died by suicide accessed services in the months and years before their death:



10% had been a psychiatric in-patient at some point in the six months before their death



34% had been seen by secondary mental health services in the 12 months before their death



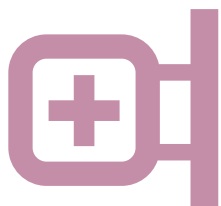
2/5 had attended A&E in the 12 months before their death



61% had visited their GP or Practice Nurse in the 12 months before their death; 31% had visited in the month before their death; and 12% had visited in the week before their death



22% had alcohol present at time of death; 1/3 of these people had a known alcohol problem



1/5 had been seen by their GP, mental health services and A&E in the year before their death



2 out of 3 had known mental health issue



2 out of 3 Suicides occurred in private address



A quarter had a known history of self-harm or suicide attempt

Suicide is preventable but, importantly, this is not the responsibility of any single organisation or individual, rather all of us working together.

In Gloucestershire, we have a long-established Suicide Prevention Partnership, which brings together a wide range of partners, including statutory organisations, voluntary sector groups and individuals with lived experience of suicidality or bereavement by suicide.

Led by public health, the partnership works collectively to implement the Gloucestershire Suicide Prevention Strategy –

www.gloucestershire.gov.uk/suicide-prevention

– through its shared action plan.

The most recent iteration of this action plan has been informed by the findings of the suicide audit, so that we are focusing our efforts where they will have the greatest impact.

Preventing self-harm is an important aspect of suicide prevention because, although many people self-harm without the intention of taking their own life, self-harm is the biggest single indicator of suicide risk ²².

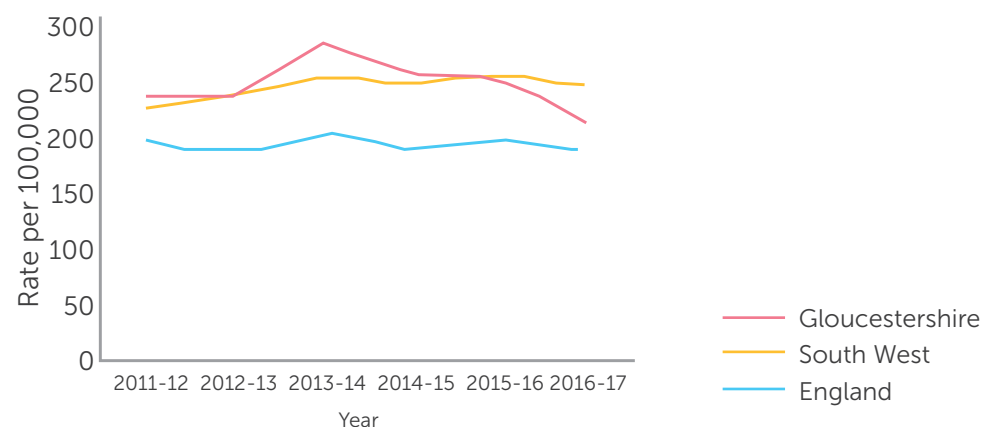
It is also a signal that an individual is in emotional distress, even if they do not have a diagnosable mental illness, so early intervention and effective support when someone is self-harming can prevent worsening mental health and wellbeing.

As with the Gloucestershire suicide rate, the rate of admissions to hospital for self-harm is higher in Gloucestershire than in England, although it is lower than the South West rate and is declining. The majority of admissions are of young women, in part because they are more likely to be admitted repeatedly.

There is a strong association between the highest rates of self-harm admissions and areas of highest deprivation in Gloucester and Cheltenham but this association is not found overall in the county.

However, as described earlier in this report, admissions to hospital do not tell us the whole story about self-harm in the county. In 2017, the Gloucestershire Health & Wellbeing Board asked public health to work with local partners to better understand the drivers for this issue and where improvements could be made to prevent self-harm and make it easier to get help.

Emergency Hospital Admissions for Intentional Self Harm: directly age-sex standardised rate per 100,000



SPOTLIGHT ON SELF-HARM

During 2017/18, the public health team led an extensive review of the help and support people get when they self-harm or are thinking about self-harm.

The review involved gathering data and information about what is happening locally and talking to a wide range of people, including people with lived experience, about what works in Gloucestershire and what could be improved: in prevention and early intervention; access to help in the community, primary and secondary care; the quality of treatment and care; and recovery from and prevention of future self-harm. This informed a stakeholder workshop and a resulting action plan, which has been agreed by the Gloucestershire Mental Health & Wellbeing Partnership Board.

This action plan is now being implemented by partners and is already leading to some tangible improvements, including:

- Better information, advice and signposting for parents and carers of young people who are self-harming;
- Training sessions for GPs and Practice Nurses on the basics of self-harm – prevalence, why people do it, myth busting – and local data, advice on how to respond (e.g. alternative strategies and harm reduction) and where to signpost or refer;
- Clearer pathways for primary care and minor injuries units;
- Training for a range of professionals, such as teachers, school nurses, minor injuries unit staff and paramedics;
- A new local online tool for front-line professionals to help them talk to young people about self-harm and get them the right level of help;
- Additional group support for vulnerable women, provided by Rethink Mental Illness at the Nelson Trust's Women's Centre.

A strong message from the review and from studies elsewhere is that admissions to hospital can often be driven by the way in which services are configured and pathways designed.

Commissioners are working together with providers to put in place small but impactful changes that should improve this pathway in the future.

WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

Raising awareness on World Suicide Prevention Day

To mark World Suicide Prevention Day 2017, Public Health worked with the Gloucester branch of Survivors of Bereavement by Suicide (SOBS) and Gloucester Cathedral to hold a service to celebrate the lives of those lost to suicide; the support received by those bereaved; and those who work to prevent suicide.

The service included readings from those bereaved and a piece of music composed by a local young man who died by suicide. Two choirs from 2gether NHS Foundation Trust and Gloucestershire Police led hymns and local mental health charity, Lifting the Blues, supported performances by blues singer, Kyla Brox.

A memorial wall allowed people to display photographs and memories of their loved ones and volunteers from organisations including Samaritans and Cruse formed a 'support team' on hand for those who needed it.

Alongside the service, the Cathedral also launched a display of artwork by students of Creative Connections, a project by Gloucester Cathedral and the County Council's Adult Education Service, supporting adults in recovery and managing mental illness.

The service was an important part of the Gloucestershire Suicide Prevention Partnership's work to improve 'postvention' support (a term used to describe support for people bereaved by suicide) in the county and, alongside the art project, opened up the Cathedral as a place of solace and acceptance for people affected by mental illness and suicide.



OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

Local partners have worked hard to develop and deliver a strategy to prevent suicide and self-harm but there is still work to do.

Our partnership priorities for the coming years are:

- To improve the availability of 'postvention' support (timely support for people bereaved or affected by suicide). This will build on and join up existing services, such as peer support groups delivered by Survivors of Bereavement by Suicide (SOBS) and information packs provided through the Coroner's Office by local charity, Sunflowers Suicide Support, which also runs a range of events, activities and training;
- To appoint a lead GP for suicide prevention, who will work with other GPs and people working in primary care to share learning from deaths by suicide and increase training and development in identifying suicide risk and providing effective support / making appropriate referrals;

- To roll out the Suicide Prevention Partnership's communications and engagement plan, targeting key groups identified in the suicide audit and including a toolkit of resources and key messages for use by partners;
- To engage 'non-traditional' partners, who have responsibility for public places where people attempt or complete suicide, to increase the use of evidence-based preventative measures;
- To continue to raise awareness of the importance of sensitive media reporting of suicide to reduce risk to those who are vulnerable, balanced with the need to tackle stigma;
- To deliver the agreed action plan to reduce self-harm in the county.

None of these actions can be achieved by a single organisation but the Suicide Prevention Partnership makes it possible for anyone who has a role to play – however small – to join and contribute.

If you would like to sign up to the Partnership's bulletins and receive invitations to attend future events, email suicideprevention@gloucestershire.gov.uk.



BUILDING MENTAL HEALTH-FRIENDLY COMMUNITIES AND WORKFORCES

The social stigma that is still attached to mental ill health – and the discrimination that often occurs as a result – is an important consideration.

Not only can it prevent a person from seeking help when they need it, preventing the opportunity for early intervention, but it can also limit access to positive determinants of good mental wellbeing, such as a job or strong social relationships.

In 2008, a survey of Gloucestershire residents²³ identified attitudes relating to:

- Fear and exclusion of people with mental health problems
- Understanding and tolerance of mental illness
- Integrating people with mental illness into the community
- Causes of mental illness and the need for specialist services.

This was based on a national survey, enabling comparison with national attitudes.

The Gloucestershire responses showed local residents hold more supportive or positive views on mental illness (although the report acknowledges that the sample potentially had some bias as they had greater contact with people with a mental illness).

Since this survey, significant work has taken place in Gloucestershire to improve attitudes and tackle stigma and discrimination, although we are currently unable to measure the impact that this has had.



“Mental wellbeing is one half of my overall health. It is essential to lead a healthy life and should be cared for just as much as our physical health. However, it is something we often overlook as it is not something we can see and it’s not always clear to us what is wrong when we don’t feel right.”

(Tim, 24, Actor, Gloucester)

SPOTLIGHT ON TACKLING STIGMA

Co-chaired by an Expert by Experience and a Director from 2gether NHS Foundation Trust, the Gloucestershire Tackling Mental Health Stigma Group brings together statutory and voluntary sector parts to coordinate activity to reduce the stigma and discrimination experienced by people with poor mental health or a mental illness.

The group has established a recognisable 'speech bubble' brand – Gloucestershire Tackles Stigma – Talk Mental Health – to help communicate its message to targeted groups, including:

- New parents, including both new mums and their partners
- Men, who the group reach through branded stickers and signs, e.g. 'Kick stigma into touch', at sports clubs and matches
- Farmers and vets, primarily through events for agricultural students
- Children and young people, working with SkillZone, the Girl Guides and local Youth Councils.

Alongside this targeted work, the group has been increasing its social media presence, with a dedicated Twitter identity (@GTacklesStigma) and hashtag (#glostacklestigma) to raise awareness, promote events and activities and signpost to support.



...talk mental health

Gloucestershire
tackles stigma...

WHAT'S ALREADY HAPPENING IN GLOUCESTERSHIRE?

We also know that equipping people with the skills to spot the signs of poor mental health and the confidence and knowledge to provide access to the right support can make a significant difference.

Training our workforce

Gloucestershire's County Council team currently commissions two internationally recognised training programmes – Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) – so that people working in public or voluntary sector organisations can access them free of charge.

During 2017/18, our courses equipped 449 people with important knowledge to help them spot the signs of poor mental health or suicide risk and the skills and confidence to provide an immediate response:

- 81 people completed one of four half day MHFA Lite courses (now known as Mental Health Aware)

- 83 people completed one of six full two day MHFA courses
- 285 people completed one of 13 full two day ASIST courses.

99% of people who attended a full MHFA course said it improved or refreshed their knowledge and awareness regarding brief mental health interventions and advice and 96% said it improved their confidence.

86% of people who attended a full ASIST course said their learning had a practical use in their work life and 67% said it also had a practical use in their personal life.

In addition to this, we fund Gloucestershire Healthy Living & Learning (GHLL) to provide MHFA training to teachers and other staff working in primary, secondary and special schools and further education settings across the county.

We are also developing other types of training and have recently trialled Postvention: Assisting those Bereaved by Suicide (PABBS) training, developed by Suicide Bereavement UK.

PABBS enables attendees to recognise that supporting those bereaved by suicide is a key component of suicide prevention and increases attendees' knowledge and skillset.

Originally designed for health professionals, it is also relevant to a much wider audience.

Sixteen delegates from Gloucestershire (including representatives from Winston's Wish, Sunflowers Suicide Support, 2gether Trust, Gloucestershire Counselling Services, Cruse Bereavement Care, Relate, Suicide Crisis, the Good Grief Project and Gloucestershire Hospitals Trust) attended the course.

All the feedback received has been positive, demonstrating an improved knowledge of suicide bereavement and improved skills and confidence in supporting those bereaved by suicide.

"For me, something I know from experience, but came over loud and clear was - don't underestimate the power of kindness and being a supportive listener."

"All in all a very beneficial day for me with information that I will incorporate into my work."

OUR PRIORITIES FOR THE FUTURE AND HOW YOU CAN HELP

The Tackling Mental Health Stigma group plans to continue its work, with a new focus on Patient Participation Groups (PPGs) to broaden their reach across the county.

They have also been working with the national Time to Change campaign, which emphasises involvement of people with lived experience.

In Gloucestershire County Council, we want to continue offering training that contributes to a Gloucestershire workforce that is mental health-aware and skilled to support people with mental health problems, to intervene early and prevent crisis, including suicide. In particular, we are using the findings of our recent Suicide Audit to help target ASIST courses to those professions that we believe could have the biggest impact.

Partners can help with this by promoting the training to their workforce and releasing their staff to attend. They can also help by encouraging staff who attend the courses to share their learning in the workplace.

To find out more about either MHFA or ASIST courses, contact info@hlsghs.org.

We are also thinking about how we can extend this training to Gloucestershire communities, who may be able to use these skills with friends, family and colleagues.

We know many of our partners work closely with communities, as do elected members at county, district and parish level, and could help us to achieve this.



GLOSSARY

Are you new to public health? Some of the terms we use explained.

ACEs

Or Adverse Childhood Experiences, can have an impact on people's health and wellbeing through their lives. For more information on ACEs, see the Public Health Wales pages.

[Public Health Wales pages](#)

Concordat

An agreement establishing consensus, for example Public Health England's Prevention Concordat for Better Mental Health.

[Prevention Concordat for Better Mental Health](#)

Determinants

Meaning a factor that has an affect. Usually in the context of the wider determinants of health, meaning the social, environmental and economic factors that affect people's health. [This video will tell you more](#)

Healthcare pathway

The different health and care services that people might come into contact with through a particular experience. We may talk about pathways for certain conditions or overall.

Indices of multiple deprivation (IMD)

The English Indices of Deprivation or IMD measure relative levels of deprivation in 32,844 small areas or neighbourhoods, called Lower Super Output Areas, in England. These areas are usually smaller than ward areas and larger than postcode areas. The information helps the government and local authorities target and evaluate support.

[The English Indices of Deprivation](#)

Intervention

We use intervention to mean a service, support or action taken to improve health or health prospects.

Postvention

This describes the support provided to people who have been bereaved or affected by suicide. Using this term reminds us that this is suicide prevention activity in itself.

Self-harm

When someone intentionally injures themselves, usually as a way of coping with emotional distress. Many people commonly think of cutting, but self-harm can include other behaviours, such as poisoning, punching or hitting or excessive exercise.

[The NHS has more information here.](#)

Socioeconomic

The combination of social and economic factors, such as education, income levels and employment status, which can affect an individual's health and quality of life.

Whole system

We often talk about taking a 'whole systems approach' to tackling complex and multifaceted problems. Put simply, this means we work across all the different organisations and people involved and consider the causes and influences of the problem and how they interact.

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Trust Board Minutes

Date: 24th July 2018

Meeting on 27th September 2018
The Pavilion, Hatherley Lane, Cheltenham, Glos, GL51 6PN
13:00 Hours – 16:00 Hours

Board Members	
Ingrid Barker	Chair (Voting Member)
Nick Relph	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Richard Cryer	Non-Executive Director (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Candace Plouffe	Chief Operating Officer (Voting Member)
David Smith	Executive Director for Transition
Neil Savage	Interim Joint Director of HR&OD
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Mark Lambert	Head of Communications
Terri Selby	Community Matron – until 13.50
Glenda Gill	Community Matron – until 13.50
Member of the public	
Bren McInerney	Member of the Public – until 14.25
Gary Latham	CQC Relationship Manager
Michael Richardson	Deputy Director of Nursing

Ref	Minute
1/0918	<p>Apologies and Quoracy</p> <p>Apologies were noted from Paul Roberts, Joint CEO, noting he was attending a Commissioning Development event with primary care colleagues; and Sue Mead, Non-Executive Director.</p> <p>The Chair welcomed colleagues.</p> <p>The Chair confirmed the meeting was quorate.</p>

2/0918	<p>Declarations of Interest</p> <p>Declarations of Interest previously declared were noted. The Chair highlighted her declaration as Joint Chair of GCS and the 2gether NHS Foundation Trust. The Interim Joint Director HR&OD, his declaration as Director of both GCS and the 2gether NHS Foundation Trust.</p>
3/0918	<p>Service User Story – Complex Care at Home</p> <p>The Community Matrons updated on the relatively new development of the Complex Care at Home Team. Its role, supporting multi-disciplinary/multipartnership working for patients with complex needs was outlined. It was highlighted that currently the service was available in Cheltenham and Gloucester and that it had been operating since April. The Matrons outlined the target group for the service, and its key role in putting in interventions early before a problem occurred to help maintain individuals' independence and to reduce hospital admissions.</p> <p>The Board was pleased to understand its key preventative role and welcomed the patient specific examples which clearly evidenced how individuals had been helped to develop a co-ordinated plan to achieve a specific health and wellbeing goal which had made a real difference to the quality of their life. The Matrons advised that the starting point was to get individuals to identify "What was most important to them" and to ensure the patient was at the centre of the plan.</p> <p>It was noted over 200 referrals had been taken forward since April, with most individuals over 70. It was confirmed that referrals came from a range of sources including District Nurses and third sector organisations. It could include re-arranging their care package or reducing medication and usually involved building confidence.</p> <p>It was noted that there were plans to develop the service in the Forest of Dean.</p> <p>The Chair commented positively on the importance of this holistic, person centred approach, which reflected the ambitions of the proposed merger with 2gether NHS Foundation Trust. She queried why the service was restricted to over 18s and why it excluded mental health and was advised this was managed by 2gether colleagues. The Board noted potential opportunities for the future.</p> <p>The Community Matrons were thanked for their presentation and requested to take back the Board's support to the rest of the team.</p>
4/0918	<p>Minutes of the Meetings Held on 24th July 2018 & 30th August 2018</p> <p>The Minutes with a minor amendment were APPROVED as a true record.</p>
5/0918	<p>Matters Arising (Action Log)</p> <p>The Action log was noted, it was confirmed that issues detailed were completed or on track.</p>
6/0918	<p>Questions from the public</p> <p>Bren McInerney commented positively on the Complex Care at Home presentation.</p>

	<p>He queried the position relating to the Hatherley Road Centre. The Chief Operating Officer advised this was part of the consideration of the wider Gloucester locality plan, which was being reviewed across the GCS and 2gether sites. She highlighted the ongoing work at Southgate Moorings. It was confirmed the Resources Committee (formerly the Finance Committee) was being kept updated on Estates developments.</p>
7/0918	<p>Board Assurance Framework</p> <p>The Board considered the Board Assurance Framework (BAF) which provided an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.</p> <p>The Board considered the proposal within the Audit Committee's Report that that Committee would additionally review the BAF before it was considered by the Board to help inform the Board's review. This proposal was supported by the Board.</p> <p>It was noted that the BAF actions had been updated to reflect ongoing work to develop an integrated physical and mental health offer and had been thoroughly reviewed by the Executive who had agreed a number of reductions to the risk scores for a number of the risks reflecting actions completed. The Board supported the amendments to the BAF.</p> <p>It was noted that the Programme Management Executive Group considered inter relation of the BAF, Corporate Risk Register and the Merger Risk Register.</p> <p>The Board considered Risk 5 relating to Recruitment and Retention and it was confirmed that GCS was working with 2gether on mitigating this risk. The Board reflected on the complexity of workforce risks and the ongoing work within the workforce plan. It was recognised that there needed to be some work on these issues within the Integrated Care System to ensure the system partners were acting consistently. It was agreed that taking forward the actions within the Equality and Diversity plan was also a key element of improving retention and engagement. It was agreed that the merger should provide an exciting opportunity to build wider career development paths which should improve recruitment and retention of staff.</p> <p>The Board</p> <ol style="list-style-type: none"> 1) RECEIVED the BAF 2) REVIEWED and ENDORSED the current risk position and actions being progressed.
8/0918	<p>Chair's Report</p> <p>It was confirmed that recognising the Strategic Intent work and the Chair's role as both Chair of Gloucestershire Care Services and 2gether, the report format reflected the breadth of the Chair's activities across both Trusts. It was highlighted that the production of a joint report did not impact on the Chair's existing accountability as the appointed Chair of each Trust.</p> <p>The Report updated on the Strategic Intent work, Board Development, working with partners, working with colleagues and national and regional meetings. The Chair updated on a recent meeting with the University of Gloucestershire which had highlighted recent investment in facilities to meet the health care training requirements and on-going exploration of training and development for other health roles.</p> <p>Richard Cryer, Non-Executive Director commented on the work of the Homeless Health</p>

	<p>Care Centre and expressed concern that the number of homeless had increased. The Chief Operating Officer advised that she had been discussing this issue with the Homeless Health Care Centre Manager and the lead for housing. The Chair advised that a new charity to support the homeless was just being established. It was confirmed that the Homeless Health Care Centre Manager was well connected to relevant support groups within the County.</p> <p>The Board:</p> <p>(i) NOTED the Chair's Report.</p> <p>(ii) NOTED the report on the activities of the Chair and the Non-Executive Directors.</p>
9/0918	<p>Chief Executive and Executive Team Report</p> <p>The Report provided an update on the Joint Chief Executive's engagement activities (within GCS, ²gether and within the wider healthcare system). The Report also updated on the Strategic Intent work, the developments within the Integrated Care System and the Gloucestershire Safeguarding Partnership working.</p> <p>The Report also provided an overview of Gloucestershire Care Services operational service activity.</p> <p>The Deputy Chief Executive, on behalf of the JCEO, highlighted that the Boards of GCS and ²gether NHS Foundation Trust had now approved the submission of the Strategic Case for the proposed merger to NHSI.</p> <p>The Chief Operating Officer commented on current system flow and the increased attendances at the Trust's Minor Injury and Illness Units (MIIUs). She advised of the work that had been undertaken as a system on surge and escalation and the fact that GCS's work on this had been commended. She updated on the ongoing refurbishment at Cashes Green Ward, advising that there had been some difficulties with the programme and that some outpatient and theatre activity had been moved. She confirmed that efforts continued to complete the work and stressed that once finished the facilities would be much improved.</p> <p>The Chief Operating Officer also outlined ongoing work to identify suitable clinical and administrative space for the Cheltenham locality.</p> <p>The Board considered the proposed actions to improve system flow and the attendances at the MIIUs. Nick Relph, Non-Executive Director queried the variation in attendance patterns at the MIIUs, and the reason for the increases in some places. The Chief Operating Officer advised that some GPs had been offering extended hours since April which had impacted some of the MIIUs.</p> <p>The Director of Transition commented on the recent national discussions on bullying and harassment and the need to ensure poor behaviour was addressed. The role of the Freedom to Speak Up Guardian in supporting this agenda and the movement away from the pejorative language of "whistleblowing" was welcomed.</p>

	<p>The Board:</p> <ol style="list-style-type: none"> NOTED the Report.
10/0918	<p>One Gloucestershire – Integrated Care System</p> <p>The Board considered the Update from the Gloucestershire Integrated Care System, noting this had also been considered by the Health and Care Overview and Scrutiny Committee.</p> <p>The Board NOTED the update.</p>
11/0918	<p>Quality and Performance Committee Report</p> <p>It was noted that the report provided assurance to the Trust Board that the Quality and Performance Committee continued to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board.</p> <p>The report also confirmed decisions made by the Committee at its meeting on 29th August 2018, which were in line with the Trust's Scheme of Delegation and highlighted a number of key discussion points that required attention of the Board. Of particular note:</p> <ul style="list-style-type: none"> • Completion of the Trust's Annual Freedom to Speak-up Self-Assessment. • The Trust's response to the Gosport Memorial Hospital Inquiry report findings (June 2018). • The Trust remains on trajectory with its Care Quality Commission (CQC) Quality Improvement Plans, although there remains some risk, namely, Personal Development Reviews (PDRs). • The Trust's overall Quality and Performance activities remain good. • Seeking assurance about the Trust's response to an increase number of Clostridium Difficile Infection during Qtr. 1 and 2. <p>The Board considered the issues outlined and confirmed their support for the planned approaches. It was agreed that the update on Gosport was helpful and that the Kirkup report, which had been discussed in the recent NHSI Oversight meeting, should also be further considered and updated to the Board at a future meeting.</p> <p>The Board endorsed the Freedom to Speak Up Self-assessment noting it had been considered in detail by the Executive and the Quality and Performance Committee. It was noted that the Freedom to Speak Up National Guardian would be visiting the Trust on 3rd October and meeting a number of colleagues including some Board Directors.</p> <p>The Board:</p> <ol style="list-style-type: none"> NOTED the contents of the Quality and Performance Committee Report. RECEIVED the approved minutes of the Quality and Performance Committee that took place on 28th June 2018
12/0918	<p>Quality and Performance Report – Month 5</p> <p>The Board considered the overview of the Trust's Quality and Performance activities as at August 2018, noting achievements made and considering how the Trust is responding to those areas where improvements are either continuing or need to improve further.</p>

<p>Chief Operating Officer</p>	<p>The Board considered the continuing poor trajectory for MSK and queried whether the targets were realistic. The Chief Operating Officer confirmed they reflected thorough review and were realistic. It was highlighted that the Speech and Language Therapy performance remained below target following staffing issues and demands from Gloucestershire Hospitals NHS Foundation Trust. The Chief Operating Officer advised that the issue had been raised with the Commissioners and that further work to transform how the service was delivered was required. It was noted that Occupational Therapy performance remained under-performance following significant reductions in resource with the implementation of a new model to meet commissioner constraints. Demand for the service had not reduced which meant that targets could not be achieved. This issue was also being discussed with Commissioners. It was noted that progress had been made in improving performance against physiotherapy targets. To further improve performance staff were attending training on Demand and Capacity. Nick Relph, Non-Executive Director, requested the revised trajectory Speech and Language Therapy for the rest of the year. It was recognised that the right actions were being put in place but agreed that further information on impact was required. The Chief Operating Officer stressed that 18-week targets were being achieved in all areas except Speech and Language Therapy. It was noted that there were a number of vacant posts because of recruitment challenges and that service redesign was required.</p>
<p>Interim Director HR&OD</p>	<p>The staff Friends and Family Test figures and workforce metrics were discussed. The Interim Joint Director of HR&OD suggested that differential targets should be explored, advising this was a process developed in ²gether which had proved more motivational. The importance of achievable targets was recognised. It was agreed that the workforce metrics required further review. It was suggested this be taken forward after the Values Workshops had been undertaken and outputs considered, which would enable greater understanding of team pressures.</p>
<p>13/0918</p>	<p>The Board NOTED and RECEIVED the Quality and Performance report.</p> <p>Workforce & OD Report Including – WRES(Workforce Race Equality Standard)</p> <p>The Board considered the Workforce and OD Report and Workforce Race Equality Standard. It was noted that in common with all other health and social care providers, the Trust continued to face significant workforce and organisational development challenges. Recruiting, developing and retaining a suitably skilled and engaged workforce remained a top priority to ensure we have the right people, in the right place, at the right time, delivering care and this continues to be reflected in our risk registers. It was recognised that whilst some solutions are nationally driven, there are a number that remain very much in our local gift.</p> <p>It was noted that the Trust's workforce plan approved by the Workforce and OD Committee contained over 40 areas for action. The Interim Director of HR & OD previously suggested at the February 2018 meeting of the Workforce and OD Committee that a revised and simplified implementation plan with fewer areas of focus would be more likely to achieve improved outcomes. An update on that revised plan was subsequently presented to the June 2018 Committee and reported as Appendix 1 of the July Board report.</p> <p>The Board agreed that given the increased prioritisation of staff involvement and engagements, the continuing poor results from the quarterly Staff Friends and Family Test (FFT) remained a notable concern. The Board was pleased that the most recent Quarter 1 Staff FFT results presented a significantly improving picture, but it was recognised that Quarter 2 Staff FFT would be a key indicator on whether this was a sustained improvement. It was noted that the results from this will be available for reporting next month.</p>

<p>Chair</p>	<p>The Board considered the Workforce Race Equality Standard submission (WRES) action plan. It was noted that the Trust had in place a meeting with a key sector lead for race equality which should help with the development of this key area. It was confirmed the meeting would include staff from both GCS and 2gether. Jan Marriott, Non-Executive Director, queried whether any of the Freedom to Speak Up Advocates were from BaME backgrounds and suggested that this should be developed as an action.</p> <p>The Deputy Chief Executive queried when the Managers' Tool kit would be launched and was advised this was targeted for October.</p> <p>Richard Cryer, Non-Executive Director, queried whether the Interim Joint HR&OD Director had been able to identify the reasons for different levels of performance in some of the workforce measures between GCS and 2gether. The Interim Joint HR&OD Director reflected that the staff groupings were different, and also that some system behaviours were impacting on community services in a way that did not impact on mental health services. He confirmed that further review on these issues would be undertaken.</p> <p>The Director of Nursing queried the performance of the WRES at 2gether against GCS and any potential learnings. It was agreed this was an issue for further consideration that would be informed by the work of Values week. The Board noted GCS had been a member of the Insight Programme which aimed to increase diversity at Board level.</p> <p>It was suggested that it would be helpful to have a Board development session on equality and diversity once the shadow board was in place. The ongoing work to increase diversity on the Board was noted.</p> <p>The Board:</p> <ul style="list-style-type: none"> 1. NOTED the improvements within the Staff FFT results for Quarter 1 2. NOTED the progress with areas of the revised Workforce Implementation Plan. 3. RECEIVED and APPROVED the Workforce Race Equality Standard action plan.
<p>14/0918</p> <p>Trust Secretary</p>	<p>Finance Committee Report</p> <p>The Board considered the Finance report which provided assurance to the Trust Board that the Finance Committee was discharging its responsibility for oversight of the Trust's finances on behalf of the Board.</p> <p>It was noted that the Committee had considered an informative report on Business Development and agreed that these reports should be circulated to the Board in future.</p> <p>The Board was updated on the ICS Estates strategy considerations, noting that work was required to increase its strategic focus. It was confirmed this had been fed back.</p> <p>The Board NOTED the update from the Committee.</p>
<p>15/0918</p>	<p>Finance Report – Month 5</p> <p>The Board considered the Finance Report which provided an overview of the Trust's financial position for Month 5 (M5) of 2018/19.</p> <p>It was noted that the Trust financial context for 2018/19 was: Control Total surplus is £2.238m including £1.436m of Provider Sustainability Funding (PSF)</p>

	<ul style="list-style-type: none"> Revised Capital spend plan is £5.02m to match CRL allocation (down from £7.85m) Cost Improvement Plan (CIP) target is £5.3m Agency spending cap is £2.232m Income potential from Commissioning for Quality and Innovation (CQUIN) is £1.9m and Quality, Innovation, Productivity and Prevention (QIPP) is £3.9m. <p>And that M5 year to date performance was as follows:</p> <ul style="list-style-type: none"> Year to date surplus is on plan at £0.94m. Forecast is to deliver on plan. Capital spend to date is £0.10m compared to plan of £4.45m. Cash at the end of Month 5 is £16.88m compared to plan of £11.29m. This is mainly due to slippage on capital. Year to date agency spend is £0.74m compared to a plan figure of £0.93m. <p>Single Operating Framework indicators are all green.</p> <p>The Board considered the cost pressure from the pay rise and future potential challenges for the following year. The Committee noted the Cost Improvement Plan performance to date and the further activity required. It was noted that all QIPP scheme milestones had been agreed, except MSK. It was noted that risks had been reduced as detailed in the report. Nick Relph, Non-Executive Director, queried whether Capital spend would be achieved and the Deputy Chief Executive confirmed this would return to planned levels, highlighting the ongoing work at Southgate Moorings and planned work in Cheltenham.</p> <p>It was confirmed Agency Spend was below target but flagged that the releasing of staff to support Values Week might lead to an increase in spend for that week.</p> <p>Recommendations:</p> <p>The Board NOTED the report and the risks detailed.</p>
16/0918	<p>Audit and Assurance Committee Report.</p> <p>The Board noted the report provided assurance to the Trust Board that the Audit and Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.</p> <p>The Board noted progress made against the Trust's audit and assurance activities. It was noted Audit Recommendations were broadly on track. It was noted that Better Payments had improved against the previous year but that further action was required.</p> <p>An update on the meeting of the system audit Chairs was noted.</p> <p>The Board:</p> <ol style="list-style-type: none"> NOTED the update from the Audit and Assurance Committee AGREED that the Committee remit should be revised to provide greater oversight of the Board Assurance Framework and agreed the name of the Committee should be revised to the Audit and Risk Assurance Committee.
17/0918	<p>Forward Planner Review</p> <p>The Forward Planner was noted.</p>

Trust Board Minutes

18/0918 Chief Operating Officer	Any Other Business EPPR Preparedness Framework – the Chief Operating Officer advised that the Trust had received formal confirmation that it met the Framework and that this would be further updated within the Chief Executive’s Report at the next meeting. Flu Vaccine – it was confirmed this would be available at the Values Sessions.
19/0918	Date of Next Meeting in Public It was agreed that the next meeting of the Board be held on 28 th November 2018. The meeting ended at 15.40.

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TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log – as at the 28 November 2018

Key to RAG rating:



- Action completed (items will be reported once as complete and then removed from the log).
- Action deferred once, but there is evidence that work is now progressing towards completion.
- Action on track for delivery within agreed original timeframe.
- Action deferred more than once.

Minute reference (Item No.& Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
10/0718	Medical Revalidation process	Propose similar framework be considered for dentists	Medical Director	March 2019	Continues to be under consideration	
11/0918	Kirkup Report	To be discussed further by the Executive and updated to Board	Executive	Feb 2019	Scheduled to be discussed Workforce Committee in 2019	
12/0918	MSK Trajectory	MSK Trajectory for rest of year to be developed	COO	Dec 2018	Work ongoing	
12/0918	Review of Workforce Metrics	Review to be undertaken	IJD HR&OD	Dec 2018	Discussed at Executive. Workshop planned, to include NEDs and Exec 13/12/18	
13/0918	E&D	Board Session to be arranged for shadow board	Chair	April 2018	Awaiting Board appointments	

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Item 6

Questions from the Public

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Trust Board

Date of Meeting: 28th November 2018

Report Title: Board Assurance Framework

Agenda reference Number:	07/1118
Accountable Executive Director: (AED)	Chief Executive
Presenter: (if not AED)	
Author(s):	Gillian Steels – Trust Secretary
Board action required:	To Receive, Review and note
Previously considered by:	Executive Team
Appendices:	Board Assurance Framework

Executive Summary

The Board Assurance Framework (BAF) provides an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.

The BAF has been updated to reflect latest activities. Risks which are currently at target score have been moved to the end of the report to allow the Board to focus on Risks where attention is being focused by the Executive. (All risks continue to be included in the Summary of Risks)

Revised Approach to Monitoring - Update from the Audit and Risk Assurance Committee

The Audit and Risk Assurance Committee reviewed the Board Assurance Framework on 19th November 2018.

The outcome of their work to inform the Board's Review (recognising that the Board retains overarching responsibility for Risk Management) was:

- (i) The Committee considered that the Risks set out against **current** Strategic Objectives and the ongoing mitigation actions remained appropriate, and that there were no concerns relating to progress or actions which required flagging at this point;

- (ii) However, the Committee also considered that the Board should undertake a review of its current Strategic Objectives, recognising that these do not reflect the developments in the external environment which have taken place since they were approved, in particular the proposed merger with 2gether NHS Foundation Trust.

It was proposed that such an **objective** be added to reflect the ambition within the Strategic Intent which has been signed off by both Trusts:

It was proposed that such an **objective** be added to reflect the ambition within the Strategic Intent which had been signed off by both Trusts:

We will, jointly with 2gether NHS Foundation Trust, deliver transformational care for our communities in line with our agreed Strategic Intent.

With related **specific potential risks** covering the following areas, (based on the Risk Register which is being maintained by the Programme Management Executive and Strategic Intent Leadership Group):

- 1). There is a risk that **capacity** to progress the Strategic Intent is not sufficient across the two Trusts leading to delays in progress impacting on the Strategic Intent with timeliness, impacting on morale, reputation and achievement of benefits.
- 2). There is a risk that **competing agendas and demands from** primary care, GHFT, GCC, GCCG, ICS in both Gloucestershire and Herefordshire and other partners lead to delays and hamper progress and delivery of benefits.
- 3). There is a risk that insufficient time and attention is given to describing the **expected benefits** resulting in lack of focus and poor morale.
- 4). There is a risk that **changes at a national level** relating to health and/or social care impact on the planned transformation.

The Committee considered whether the Integrated Care System was sufficiently reflected in the Board Assurance Framework and agreed that Risks 8 and 9 should be revised to reflect risks that related to this.

Recommendations:

The Board is asked:

- 1) **RECEIVE** the BAF
- 2) **REVIEW** the current risk position and actions being progressed

Related Trust Objectives	1,2,3,4, 5
Risk Implications	Risk issues are clearly identified within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	Implications are clearly referenced in the report
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

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Board Assurance Framework

November 2018

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1.1 Strategic Risks - Summary of strategic risks

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
<i>We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities</i>	SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services		CEO	Board	16	8 On Target	8
	SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		CEO	Board	16	16	12
	SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		Dir. HR/ D of N	WF&OD	16	8 On Target	8
	SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence (including demand) and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.		D of N/ Med. Dir.	Q&P	16	9	6
	SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		Dir of HR	WF&OD	20	16	12

Trust strategic objectives	Ref	Risk	Strategic risks	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
<i>We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care</i>	SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimally designed to meet the needs of service users and carers.			COO	Board	16	12	8
	SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.			COO	Board	12	6 On Target	6
<i>We will provide services in partnership with other providers so that people experience seamless care and support.</i>	SR8	There is a risk that we are too internally focused and do not support system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.			CEO	Board	16	12	8
	SR9	There is a risk that lack of mutual understanding of the services and assets provided by ourselves and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.			CEO	Board	16	12	8
<i>We will have an energised and enthusiastic workforce and each individual will feel valued and supported.</i>	SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness.			Dir HR	WF&OD	20	12	6
	SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.			Dir HR	WF&OD	20	12	8

Trust strategic objectives	Ref	Risk	Strategic risks	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
	SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated		↕	I Dir HR	WF&OD	16	12	8
<i>We will manage public resources effectively so that the services we provide are sustainable.</i>	SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		↕	D of F	Finance	16	8	8
	SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.		↕	D of F	Finance	20	15 On Target	15
	SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		↕	D of F/TS	Audit & Assurance	20	9	6

1.2 Detail of strategic risks

Links to Primary Regulatory Framework CQC, NHSI, Well Led Framework, Single Oversight Framework			
Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR2	There is a risk that we do not provide a clear vision for community based services and the case for change to promote increased investment in new models of care is not made robustly; resulting in investment continuing to be focused on acute provision		
Type	Reputation	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	4 x 4 = 16	Date of Review	November 2018
Current Risk Score	4 x 4 = 16	Date Next Review	January 2019
Tolerable (Target) Score	3 x 4 = 12	Date to Achieve Target	1 st April 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Documented service vision for community services aligned to place base model - to be progressed in 18/19		Increase system investment in community based services – limited achievement during 2017/18	
Documented business development plan in place March 2018		Delivery of QIPP priorities – achieved	
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Documented service vision for community services aligned to place base model to be progressed as part of the Transformation work to develop an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.		Increase system investment in community based services	
Achieved business development plan		Delivery of QIPP priorities, CQUIN priorities and quality priorities and business plan milestones	
Agreed benefits realisation framework developed through the STP to support community based service developments - to be progressed in 18/19		Benefits realisation framework	
Rationale For Current Score (Identifying progress made in previous period)			
The development of the Joint Strategic Intent has provided an opportunity to develop a new vision for integrated physical and mental health services and move to a new look organisation better able to champion the role of community based services. It is, however, clear that the ability to influence patterns of investment in the shorter term remains challenging, particularly in light of ongoing financial issues with the main acute service provider in Gloucestershire. The progression of the shadow integrated care system (wave 2) will be an opportunity for these issues to be further reviewed.			

Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Production of annual operational plan		NHSI Confirmation		Board oversight Regulator Oversight
Agreement of quality priorities		Regular reports on performance		Board Oversight
Contractual agreements		Regular contract monitoring meetings		Executive
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Development of clearly documented service vision for our community services. This will now reflect the developing integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust	Will now be part of wider discussion with 2gether to reflect intent to deliver new physical and mental health offer. This will be a key element of the transformation strand of this work and included within the Strategic Case to be submitted to NHSI autumn 2018 Strategic Case submitted, d overarching vision set	CEO/COO	Autumn 2018 Complete
2	Business plan to be delivered	Business Plan agreed and in place. To be monitored through Executive and Board Executive monitoring ongoing. Confirmed on track in paper to be considered by Executive 15/11/2018	DoF	March 2019
3	Development of benefits realisation methodology across the STP	This will now be a key element of the Integrated Care System work.5 year plan for ICS to be submitted Summer 2019. Benefits realisation element of plan.	DoF/CEO	March 2019
4	Place based model processes embedded – One Place One Budget	To be developed through ICS development and work with 2gether. Place-based working reflected in the Strategic Case.	CEO	March 2019
5.	Clear processes and structures to support progress on joint strategic intent with 2gether to develop shared vision for strengthened physical and mental health offer	Programme Delivery Structure reviewed and revised following appointment of Strategic Intent Programme Director. Workstream leads identified for Transition, Transaction and Transformation. Programme being implemented and monitored by PME.	CEO/Chair	Stage 1 complete July 2018
6.	Integrated Care System	Governance processes to be clearly defined, supported through planned development with the Kings Fund Two sessions held to date, further session to take place 6 Dec. Proposal for NEDs network being developed. Governance leads to meet 19/11/2018 to consider governance processes going forward.	CEO/Chair with system partners	Autumn / Winter 18
Links to Primary Regulatory Framework Single Oversight Framework Well Led Framework				

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities			
Risk SR4	There is a risk that we fail to maximise the use of clinical innovation, business intelligence and research and development to maintain and improve the quality of care; resulting in possible harm to patients, poor experience, reduction in quality of care, and loss of reputation for excellence.			
Type	Quality	Executive Lead	Director of Nursing	Med Director
Risk Rating	(Likelihood x impact)	Assurance Committee	Quality & Performance Committee	
Inherent (without controls being applied) Risk Score	4 x 4 =16	Date Identified	April 2017	
Previous Meeting Risk Score	3 x 3 = 9	Date of Review	November 2018	
Current Risk Score	3 x 3 = 9	Date Next Review	January 2019	
Tolerable (Target) Score	3 x 2 = 6	Date to Achieve Target	April 2019	
Key 2017/18 Deliverables		Relevant Key Performance Indicators		
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – initial stages		Safety Thermometer (Fall and Pressure ulcer levels) – improvement in Falls over year, futher working on going re Pressure Ulcers		
Increased use of technology to support clinical practice, eg smartphones for clinical support - ongoing		Quality Priorities performance (incorporating research and evidence based development)		
Achievement Quality Priorities.		Progress to Quality Priorities		
Key 2018/19 Deliverables		Relevant Key Performance Indicators		
Implementation of plan for use of BIRT reporting to inform CIPS, Service Development & Pathways Reference Group which supports use of research and development and innovation by identifying variation – further work to deliver ongoing		Safety Thermometer (Fall and Pressure ulcer levels)		
Increased use of technology to support clinical practice, eg smartphones for clinical support – continuing to be investigated and implemented – in discussion with service users		Quality Priorities performance (incorporating research and evidence based development)		
Achievement Quality Priorities.		Progress to Quality Priorities		
Rationale For Current Score (Identifying progress made in previous period)				
There has been good progress in investing and developing clinical innovation, for example systm one, use of smart phones, developing use of virtual				

consultations, rapid response diagnostic testing, e-prescribing, internal R&D Group, End of Life, Complex Leg Wound Service. These are now to be further embedded and work undertaken with service users to ensure benefits are recognised and understood.

Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Clinical Reference Group Monitoring		Quality Visits		Board Oversight
Internal R & D Group		Benchmarking Review		Board & Management
PACE Team Workplan, including Clinical Audits		Quality & Performance Report		Board & Management
Quality Improvement Monitoring (Quality Priorities)		Clinical Reference Group and Quality & Performance Committee		Management & Board
Staff Development Investment – supported through – Essential to Role and Statutory and mandatory training matrices		Quality and Improvement Networks		Management
CQC Compliance Processes		Quality & Performance Committee		Board
Investment in specialist practitioners		Workforce & OD Committee		Board
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	More in depth Benchmarking Review to identify areas of significant variation and any aresponsive action identified	Further work to ensure benchmark information easily accessible on BIRT implemented – part of phase 2 development	DoF	March 2019
2	Development BIRTIE reporting on this area to inform CIPS and Service Development.	Discussions with DoN ongoing to ensure BIRTIE used to inform quality and performance priorities and the quality dashboard. Incorporated in phase 2. Reference costs are used as element of cost improvement process.	DoF	March 2019
	R&D Strategy	To be developed and reviewed in conjunction with 2gether NHS Foundation Trust	DoN	March 2019
3	Project reviews on impact of new technology to learn lessons for implementation	Project Review Proforma implemented and feedback reviewed for learning	Executive	Complete
4	CPD Offer and Personal Development to be linked to quality priorities	CPD and Personal Development Budget focused for 2018/19. And monitored for impact. Updated PDR document issued.	IIDHR&OD&OD	March 2019
Links to Primary Regulatory Framework				

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR5	There is a risk that we fail to recruit and retain colleagues with right knowledge, skills, experience and values required to deliver sustainable services and support transformation; resulting in care which does not meet the needs of service users.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	4 x 4 = 16	Date of Review	November 2018
Current Risk Score	4 x 4 = 16	Date Next Review	January 2019
Tolerable (Target) Score	3 x 4 = 12	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions) – ongoing issue		Vacancy levels – less than 10% - achieved (a limited number of areas above)	
Reduce turnover rates in line with Community Trust average – ongoing issue		Turnover rates – below 16/17 baseline – not achieved	
Reduction in agency spend - achieved		Agency spend – in line with cap set (if no national cap then in line with budget) - achieved	
Jointly support the delivery of educational programmes (pre and post registration)			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Reduction in hard to fill roles (nursing and physiotherapy including specialist functions)		Vacancy levels – less than 10% - to monitor for all areas	
Reduce turnover rates in line with Community Trust average;		Turnover rates – below 16/17 baseline	
Reduction in agency spend		Agency spend – in line with cap set (
Jointly support the delivery of educational programmes (pre and post registration) – increased emphasis on post registration support			
Local plans to respond to issues raised in staff survey			
Rationale For Current Score (Identifying progress made in previous period)			
Turnover rate has remained consistent (not worsened), demonstrating Trust is still able to attract to the organisation. There is uncertainty about the impact of National bursary scheme ceasing for pre-reg learning. Variances remain in rate of applications received. There is a hot spot in Band 5 hospital nurses which is not reducing. The Staff Survey 2017 indicates on going challenges to staffing resilience.			

Key Controls To Manage Risk		Assurance on Controls	Type of Assurance	
Recruitment drives / fayres to attract new staff		Workforce data which is reported through the Workforce & OD Committee and thereafter to Board	Board Oversight	
Revised establishment control process for community hospitals		Safer Staffing data which is included within the Quality and Performance Report which goes to Board	Management & Board Oversight	
E-rostering across the Trust		Top-level workforce plan submitted to Workforce & OD Committee	Board Oversight	
Centralised bank and agency function		Agency working group chaired by the Chief Operating Officer	Management	
Gloucestershire Nursing Degree programme in place		Recruitment and Retention Steering Group chaired by Head of HR	Management	
Monitor impact & effectiveness of Gloucestershire Trainee Nursing Associate programme		Strategic Workforce Group (system-wide)	Management (Educational)	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Real time workforce information, particularly in terms of establishment & vacancies, which is essential in order to drive activity and response	Information now in place for HR and Service Leads and Managers. Business planning process and monitoring to confirm effectiveness.	Head of Performance and Information	Complete
2	Clear progression pathways for clinical colleagues	Talent management programme to be developed to be undertaken jointly with 2gether NHS Foundation Trust. This will be incorporated within the Transition work for the merger. .	Head of OD	April 2019
3	Process to learn from exit interviews	Triangulated against latest staff survey information March/April 2018 and discussed at June Workforce Committee. Issue also highlighted within presentation from Freedom to Speak Up Guardian at June Board. Freedom To Speak Up Guardian now part of the process to ensure learning from exit interviews.	Head of HR	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Monitoring is ongoing, monitored by the Quality and Performance Committee and also the Executive. Detailed discussion at Resources Committee, Weekly monitoring by Exec. Planned discussions with NEDs & Exec	Exec	Ongoing

Links to Primary Regulatory Framework CQC.			
Strategic Objective	We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care		
Risk SR6	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to our local population; resulting in services which are not optimumly designed to meet the needs of service users and carers (Service Transformation Focus).		
Type	Quality	Executive Lead	Chief Operating Officer
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	20 April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	November 2018
Current Risk Score	3 x 4 = 12	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	31 March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Mechanism for initial impact on projects developed – to be further developed		FFT Response Rate	
Negative assurance, eg complaints etc, being fed into the business planning process - achieved		FFT % recommend service – likely , extremely likely	
Exemplars of co-design – achieved but to be further enhanced		Number compliments, complaints, concerns	
Policy on Policy updated to include co-design and patient centred care focus. –			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Mechanism for initial impact on projects developed – to be further developed in conjunction with 2gether NHS Foundation Trust. Transformation centred on co design with service users.		FFT Response Rate	
Negative assurance, eg complaints etc, being fed into the business planning process – to be monitored to ensure happening across GCS and also that learning are across both Trusts.		FFT % recommend service – likely , extremely likely	
Exemplars of co-design – examples of Transformation Centred co design		Number compliments, complaints, concerns	
Policy on Policy updated to include co-design and patient centred care focus. – Policy now being reviewed against 2gether Policy as element of Strategic Intent work		Feedback from service users at engagement events	
Rationale For Current Score (Identifying progress made in previous period)			
While strong progress is being made in a number of areas through place based working to develop local solutions to meet local needs, we have recognised that there is further work to progress in the context of the Transformation strand of the Trust's work with 2gether NHS Foundation Trust.			

Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Use of the Friends and Family Test (FFT) across all Trust settings		Operational Meetings		Management
Direct feedback to teams from FFT comments		Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board		Board Oversight
Complaints Policy		6-monthly Understanding You Report		Board Oversight
The Service User Experience team which manages surveys including the FFT as well as complaints, Duty of Candour, concerns and compliments		Service user stories at Board		Board Oversight
The Community Partnerships Team which manages a range of engagement activities to include focus groups, community events and consultation opportunities		The Your Care, Your Opinion Group		Board Oversight
Annual Report and Quality Account		Board		Board
Information provided by external agencies such as Healthwatch, NHS Choices and Patient Opinion		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG		Management Oversight
On-going review of all feedback so as to ascertain themes		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability		Management Oversight
QEIAs will be completed and signed off for all appropriate CIP schemes before they are implemented		Reports to Q and P Committee		Board Oversight
Learning Assurance Framework		Reports to Q and P Committee		
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Control – ensuring opinions we collect feed into service design and development	Mechanism to ensure feedback captured through Transformation strand of work with 2gether NHS Trust. GCS review of FFT service user detailed feedback to be considered by Executive.	COO/DoN	Jan 2019
2	Your Care Your opinion , Understanding You report to be reviewed against planned wider stakeholder engagement to identify any areas where GCS specific areas required	Review of your care your opinion against planned wider service user engagement to be undertaken. Merger engagement activity within the Transformation strand will be a key element of this.	COO/DoN	March 2019
3.	Skills for Co-production require further development	Co production development of teams to be undertaken. In	COO	March 2019

		conjunction with work with 2gether to learn from good practice. Values sessions with service users took place Nov 2018		
4	Service audits to be reinstated.	Service audits reinstated and monitored for impact	COO	Ongoing
		Increase use of "You said We did" feedback processes. This is an element within the merger processes.	COO	Ongoing
5	Business Planning Process incorporates feedback.	Business Planning monitoring to include consideration feedback Strand of co-production is an element in business planning	DOF	Complete

Links to Primary Regulatory Framework
CQC
Constitution Right and Pledges

Strategic Objective	We will provide services in partnership with other providers so that people experience seamless care and support		
Risk SR8	There is a risk that we are too internally focused and do not support Integrated Care system transformation; resulting in services being fragmented and disjointed thereby impacting on quality and service user experience.		
Type	Quality	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 =20	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	November 2018
Current Risk Score	3 x 4 = 12	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	31 st March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
1. Establishment of locality provider boards – Key development work undertaken		1. Completion of realignment of GCS services to locality working	
2. GCS effective in discussions to progress system working - Ongoing		2. Reablement KPIs agreed and achieved	
3. Reset of GCC relationship - ongoing		3.	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
1. Locality provider boards embedded with Executives now linked to localities		1. Completion of realignment of GCS services to locality working	
2. GCS effective in discussions to progress system working with establishment of shadow Integrated Care System		2. Reablement KPIs agreed and achieved	
3. Reset of GCC relationship		3.	
Rationale For Current Score (Identifying progress made in previous period)			
The STP has provided a stimulus for improved partnership working, particularly the opportunities offered through place based working. The development of the joint strategic intent has also demonstrated our commitment to system transformation. The risk remains unchanged however given the potential increase in risk associated with service continuity in the short term. The approval of Gloucestershire as a shadow Integrated System provides further opportunities to further develop system working.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Quality and performance reporting		Q&P Committee oversight	Board
Place Based Pilot board reports		Executive oversight	Management
Regular STP reports to the Board		Regular reports to Board	Board
System QIPP priorities		Q&P	Board
Active membership of HWBB, GSF and attendance at HOSC		Board reports	Board

Director of the “Better Care Together” transformation programme in place.		Regular reporting through the Strategic Intent Management processes	Management and Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Lack of whole system performance framework	Work with GSF to develop whole system performance using the drivers within the Integrated Care System ICS development sessions with Kings Fund to set key framework mechanisms which will lead to development of performance framework.	CEO	March 2019
2	Move Strategic Intent into Action, with focus on service users	Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Governance processes in place Executive Workstream processes in development. Engagement activities. Transformation strand work to be further developed.	CEO DoN/Director of the “Better Care Together” transformation programme	Sept 2018 Dec 2019
	Director of the “Better Care Together” transformation programme is developing relationship and framework for work with the Integrated Care System	Regular meetings with key ICS leads. Development of framework for transformation processes and benefits realisation mapping to engage with ICS leads	Director Better Care Together	Ongoing
Links to the Primary Regulatory Framework: CQC				

Strategic Objective	We will provide services in partnership with other providers so that people experience seamless care and support		
Risk SR9	There is a risk that lack of mutual understanding of the services and assets provided by the Trust and by other system partners compromises the experience of service users; resulting in service users experiencing care and support which is not seamless.		
Type	Quality	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	November 2018
Current Risk Score	3 x 4 = 12	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	31 st March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Effective Provider Locality Boards		Friends and Family test, complaints, compliments	
Delivery of priority care pathways including MSK and respiratory		Organisational 360	
Establishment of cluster MDT working with full participation by GCS			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Effective Provider Locality Boards creating advocates for the Trust		Friends and Family test, complaints, compliments	
Establishment of cluster MDT working with full participation by GCS		Regular Integrated Locality Board Meetings	
Rationale For Current Score (Identifying progress made in previous period)			
While good progress has been made to develop new ways of working with primary care, including MDT working and redesign of ICTs, progressing public health nursing services transformation and the development of the joint strategic intent to improve the interface between physical and mental health, we have seen significant pressures impacting across the wider system, in particular: pressures in relation to domiciliary care which are impacting on service user experience; the additional pressures to mitigate the issues associated with the GHFT implementation of TrakCare and the responsiveness of Arriva.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Partnership working through STP - Key development work undertaken		MDT KPI Measures	Management
Leadership of place based model and meetings - Key development work undertaken		Reports to Board on STP	Board
Regular Exec to Exec networks and LMC – in place			

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Lack of formal and relevant frameworks for joint working with key partners	Develop formal frameworks for joint working with 2G and GCCC Actions to date Strategic Intent Leadership Group and Programme Executive Group in Place and regular meetings scheduled to take forward required actions. Joint Working Framework strand of agreed activity	CEO/COO	Complete
2	System quality indicators	Develop Business Plan incorporating Estates	COO	Complete
3	Relationship building with provider partners to resolve issues swiftly.	Trakcare escalation processes in place. Monitoring on going. Proposals for Joint action groups being progressed, for example re SIRIs and Mortality. Reablement support for Domiciliary Care. Development of Intergrated Care System Director of the "Better Care Together" programme building relationships with ICS leads and attending relevant ICS programme meetings	COO DoN COO CEO Dir Bettercare Together	Complete Nov 2017 Complete Complete Above all complete indicating developing relationship building September 2018 Ongoing
4	Development of Seamless Care key element of Strategic Case and Full Business Case.	Strategic Case submitted Full Business Case to be developed		Complete April 2019

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR10	There is a risk that we do not invest time to actively listen, learn, reflect, engage and respond to colleagues; resulting in disengagement by colleagues and a culture that does not promote openness		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	November 2018
Current Risk Score	3 x 4 = 12	Date Next Review	January 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Manager toolkit in place – launched Jan 2018 across STP		• Staff engagement levels (from annual staff survey)	
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work – NOT ACHIEVED		• Staff friends and family test results	
Increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised – increased.- INCREASING PROCESSES TO RAISE CONCERNS – METRIC TO BE DRILLED DOWN		• Staff Survey Question on feeling supported to raise concerns.	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Manager toolkit in place to be reviewed with 2gether NHS Trust to monitor impact		• Staff engagement levels (from annual staff survey)	
Improvement in staff friends and family test (colleagues recommending the Trust as a place to work		• Staff friends and family test results	
Continuing increase in metric in staff survey on number of individuals willing to raise concerns the number of informal and formal concerns raised –		• Staff Survey Question on feeling supported to raise concerns.	
Local Plans to spread good practice and target issues identified by the staff survey			
Rationale For Current Score (Identifying progress made in previous period)			
Staff Friends and Family score is consistently below community trust average as place of work . Overall Staff Engagement outcome in NHS survey whilst improving remains below average for a community trust.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Fourth year of listening into action		Improvement in staff engagement levels (from survey results)	Independent
Investors in People standards/ accreditation		Improvement in the number of colleagues recommending the Trust as a place to work	Independent

Further embedding of the CORE values behavioural framework		Number of informal and formal grievances and concerns raised (awaiting benchmark data)	Management/Board	
Review of Freedom to Speak Up (Raising Concerns at Work) Policy.		Report to Audit & Assurance Committee and Workforce & OD Committee	Board	
Investment in Freedom to Speak Up Guardian – active in national network and regional Chair		Report to Audit & Assurance Committee and Workforce & OD Committee	Board	
Monthly Core Colleague Network Meetings		Review & Feedback of CORE	Management	
Annual celebration events (AHP, Nursing, Admin & Clerical etc)		Review of Events for levels of engagement & impact internally and externally	Management	
Range of Mechanisms to encourage raising of concerns - Katie's Open Door, Meet the Execs, Chair and CEO meetings		Feedback at Execs and Board	Management/Board	
Workforce and OD Plan		Workforce and OD Committee	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Low completion rate of staff friends and family test	Q1 Staff FFT results are as follows: <ul style="list-style-type: none">Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19.Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. We also had a higher response rate than in previous FFTs at 22.1% In Qtr. 2 of 2018/19, 58.5% of staff would recommend the Trust as a place to work (target is 61%) and 88.5% would recommend the Trust as a place to receive treatment (target is 67%). – reduction from Qtr 1 discussed at Board and work on going at Execs to demonstrate responding to feedback	Head of OD	Jan 2019
2	Management Toolkit	Launched Jan 2018 with funding from SW Leadership Academy Funding CORE Leadership Session discussed Jan 2018 To review as part of transition work	Head of OD	Complete
3	Staff Engagement Framework	Review Staff Engagement Framework to ensure embedding of CORE values and LiA – through development of a “quality Academy” Being taken forward within the Engagement	Head of OD Head of Comms	Sept 2018

		processes relating to the merger. Values Programme engaged significant proportion of staff Oct 2018		
Links to Primary Regulatory Framework. CQC				

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR11	There is a risk that we do not support colleagues health and wellbeing in an environment of constant change and demand management; resulting in poor morale and increased levels of sickness and absence.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	November 2018
Current Risk Score	3 x 4 = 12	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Not applicable
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Reduction in overall sickness absence rate – not achieved		Rolling 12 month sickness absence rate	
Reduction in absences relating to stress – not achieved		Reasons for sickness absence	
Reduction in absences relating to musculoskeletal conditions - reduced			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Reduction in overall sickness absence rate		Rolling 12 month sickness absence rate	
Reduction in absences relating to stress		Reasons for sickness absence	
Reduction in absences relating to musculoskeletal conditions			
Rationale For Current Score (Identifying progress made in previous period)			
While a significant amount of work has been progress to support colleague health and wellbeing, we are seeing an increase in sickness absence rates in a number of areas with increasing pressure on colleagues to meet competing demands. This suggests that this risk is increasing and further focus is needed. Related CQUIN not achieved. Following consideration of the Staff Survey outcomes at Board local plans are being developed which should help to reduce the risk. The need for work on supporting the mental well being of colleagues was also flagged.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Working Well services including in house fast track physiotherapy		Contract review meetings with working well	Management
Employee Assistance programme		Contract review meeting with Care First	Management
Employee health and wellbeing plan including health and hustle initiative		Employee health and wellbeing plan monitored through Workforce and OD committee	Board
Healthy eating initiative		CQUIN	Independent
Mental health first aid training		CQUIN	Independent
Stress management workshop, including mindfulness and resilience.		CQUIN	Independent

Stress management policy		Annual staff survey results regarding the organisation taking positive action on H&W.	Independent	
Employee Health and Wellbeing Charter achieved		Employee Health and Wellbeing Charter achieved	Independent	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Line manager capability and capacity to undertake stress risk assessment audits	To further develop managers toolkit and guidance. Further guidance and support issued to managers.	Head of OD	July 2018 Complete
2	Review of Application of Sickness Policy to ensure follow up	Regular workshop on Absence Management in place, attendance to be reviewed. Executive monitoring of application to be implemented. Monitoring and Review ongoing	IDHR&OD	Complete
3	Local Staff Survey response plans with focus on well being to be developed	Development session at CORE to provide support for development. Plans now being monitored.	IDHR&OD Heads	Complete
4	Ensure CQC Must dos in relation to mandatory training and PDR compliance are achieved	CQC Improvement Plan achieved with timeliness. Being monitored by the Quality and Performance Committee and the Executive.	DON	Ongoing
5	Ensure CQC Must do's in relation to training (in particular End of Life) are in place	CQC Improvement Plan achieved with timeliness. Being monitored by the Quality and Performance Committee and the Executive. End of Life Group working to take this forward. Being monitored by Q&P Committee	DON	Ongoing
Links to Primary Regulatory Framework				

Strategic Objective	We will have an energised and enthusiastic workforce and each individual will feel valued and supported.		
Risk SR12	There is a risk that we under invest in leadership and management development ; resulting in a lack of capacity to nurture a highly engaged and motivated workforce.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 20	Date Identified	April 2017
Previous Meeting Risk Score	3 x 4 = 12	Date of Review	November 2018
Current Risk Score	3 x 4 = 12	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Refresh of leadership development plan including talent management – Dec 17		Level of support provided by manager (measured through staff survey)	
360 appraisal programme - Nov 2017 – not currently being progressed		PDR compliance rates	
Managers induction (March2018) and toolkit (Jan 2018)		Number and percentage of managers participating in leadership development programmes	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Refresh of leadership development plan including talent management – combining with review of 2gether processes		Level of support provided by manager (measured through staff survey)	
		PDR compliance rates	
Managers induction implemented and monitored		Number and percentage of managers participating in leadership development programmes	
Rationale For Current Score (Identifying progress made in previous period)			
While continuing to support a number of leadership development activities, Professional Development Review and Mandatory Training levels remain below target with limited resources to support required investment in system and transformational leadership. This is becoming an increased risk in light of the level of change and transformation required at a time of signifiant service pressure. Identified for action within Transition and Transformation workstreams			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Range of leadership programmes in place		Workforce Education & Development Group which reports to the Workforce & Organisational Development Committee	Board
Annual leadership conference		Leadership plan approved and monitored through Workforce & OD Committee	Management
Monthly leadership Core Colleague Network meetings		Exec Planning and Review	Management Oversight
CORE values behaviour framework		Reports to Workforce and OD Committee	Board Oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Talent Management Strategy	Strategy to be developed and approved through Resources. Also to be supported by the merger transition work. Currently on hold – part of transition work	Head of OD	
2	The assessment of individual's ability against the NHS Leadership Competency Framework is varied and it not intrinsically linked to personal development plans	360 Programme in development to increase self-awareness and personal impact. Also to be supported by the merger transition work. Currently on hold – part of transition work	Head of OD	
3	Managers induction	Managers toolkit and induction delivered. Review whilst planned manager development within transition workstream being considered. To be rolled out 2019/20	Head of OD	July 2019
4	Leadership Development Programme – regional	Colleagues attending SW leadership development programme	Head of OD	Complete
5	Leadership Development Programme - local	ICS 5 elements of leadership programme – 16 leaders from GCS band 7 and above. – piloting managers toolkit	Head of OD	Complete

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR15	There is a risk we do not maintain robust internal controls and governance systems; resulting in potential financial and organisational instability.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Audit & Assurance Committee
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 3 = 9	Date of Review	November 2018
Current Risk Score	3 x 3 = 9	Date Next Review	January 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	31 st March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Review of SFI Compliance – carried forward		No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)	
Timely compliance with Internal and External Audit recommendations - achieved		At least 50% of Internal Audits give Substantial assurance	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Review of SFI Compliance		No high priority Internal Audit Recommendations (with IA assignments continuing to be risk based)	
Timely compliance with Internal and External Audit recommendations		At least 50% of Internal Audits give Substantial assurance	
Rationale For Current Score (Identifying progress made in previous period)			
While good progress made to strengthen internal controls, current significant pressure on capacity could distract from maintaining control if not effectively managed, recognising that cumulative gaps can lead to a significant impact.			
Key Controls To Manage Risk	Assurance on Controls		Type of Assurance
Clinical and corporate governance arrangements enable controls to be effectively managed	The sub-Board Committee structure, and in particular, the Audit and Assurance Committee, the Quality and Performance Committee, the		Board

		Finance Committee, and the Workforce and OD Committee, provide assurance on all corresponding controls to the Trust Board		
Committee / reporting structures enable controls to be monitored and reviewed		Internal Audit of Governance December 2016, Reported to the Audit and Assurance Committee February 2017, classified Corporate Governance – Governance Framework as low risk and advised;	Independent	
The Trust's strategy framework provides oversight of activity and controls in all key operational and support areas		"Our review of corporate policies and documentation, including committee structure, terms of reference, minutes, board papers and other ad-hoc document identified that, overall, the Trust has appropriate structures in place to support good governance.". – Internal Audit	Independent	
The Trust maintains its Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation of Powers by which its authority is managed and controlled		IA and EA feedback	Independent	
Line management structures provide clarity in terms of responsibilities and accountabilities		Management Review	Management	
Internal and external audit and plans provides additional scrutiny		Degree that Internal Audit is risk based.	Board	
Robust project structure and governance framework in place to ensure continual monitoring and reporting with clear escalation		Internal Audit Review	Independent	
IT Investment to maintain Cyber Security Protection		Reports to Audit & Assurance Committee through IM&T Group	Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Confirmation of Compliance with SFIs	Review of Compliance SFIs	DOF	March 2019
2	Well led framework needs further consideration by Board following consultation changes	To be further reviewed as part of the work with 2gether NHS Foundation Trust. Development work with 2gether will take this forward.	TS/Board/SILG	July 2019
3	Up to date Board development programme to support understanding of roles and appreciative enquiry	Board Development Programme implemented. Development process ongoing.	Chair	Ongoing
4	Confirmation governance TOR and Effectiveness processes for use end of year 2017/18	Complete ToR and Review of Effectiveness for all Board Sub-committees and mechanism for management	TS	Complete

		committees to update. Incorporated within Annual Report. No significant issues highlighted, but proposal to combine Workforce and Finance Committees currently ongoing.		
5	Preparation for Use of Resources	Use of Resources implications considered at Execs Sept 2017. To be considered by Board. Financial Report revised to include metrics from Use of Resources. Initial actions complete, further information awaited from NHSI on implementation date for Community Trusts. Actions to date shared with 2gether.	DoF	Sept 2018
		Timely Actioning of EA and IA – follow up process embedded. Confirmation at end of year Audit Committee that this is being achieved.	DoF	Complete
		Reference Costs Monitoring to support best value. Programmed for discussion CORE & Finance Committee	DoF	April 2018 Complete
6	Merger Governance processes in place to ensure merger process is managed effectively	Merger governance processes – PME, SILG, Risk Register , Budget monitoring etc in place.	CEO/Chair/DoF	Ongoing
Links to Primary Regulatory Framework SOF, Well Led, CQC.				

Risks On Target

Strategic Objective	<i>We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities</i>		
Risk SR1	There is a risk that we are not recognised locally as a key and valued provider; resulting in the Trust not having an equal voice in discussions with providers, commissioners and the community compromising our ability to deliver outstanding community services –		
Type	Reputation	Executive Lead	Chief Executive
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 4 = 16	Date Identified	1 st April 2017
Previous Meeting Risk Score	3 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 – ON TARGET	Date Next Review	January 2019
Target Score	2 x 4 = 8	Date to Achieve Target	1 st April 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - work to continue in 2018/19 and extended to reflect Strategic Intent with 2gether.		360 feedback from partners and stakeholders – postponed during Strategic Intent development process, to be reviewed in relation to Strategic Intent workstream plans	
Readiness for CQC with aim for good or outstanding overall rating. – Grading of Good Assessment confirmed April 2018		Visibility of our leaders and staff in local events and programmes Reports to Workforce Committee confirms this has been maintained in 17/18	
Development of Joint Strategic Intent with 2gether NHS Trust – Strategic Intent Formalised and now being progressed through joint processes			
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – continues to be a focus for 2018/19			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Gloucestershire Strategic Forum (GSF) STP (Sustainability and Transformation Plan) agendas and approach informed by the needs of GCS as a partner - work to continue in 2018/19 and extended to reflect work towards developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.		Updates to GSF on GCS business as usual and Integrated Physical and Mental Health Care developments.	
CQC Outcome Rating of Good formally celebrated and recognised across Healthcare System and action plan work to further improve and spread good practice implemented		CQC Rating CQC Action Plan implementation Progress (completion of must dos with timeliness)	
Strategic Case Submitted to NHSI autumn 2018		Strategic Case approved by Board and NHSI	
We will have established an effective working relationship with the new Health and Care Oversight and Scrutiny Committee – continues to be a focus for 2018/19 (extended to reflect work towards developing an integrated		Joint induction/seminar in place for autumn 2018	

Physical and Mental Health Care Offer with 2gether NHS Foundation Trust.				
Rationale For Current Score (Identifying progress made in previous period)				
The joint work with 2gether has raised the profile of community based physical and mental health services, and increased understanding of the benefit of integrating this offer. This work will continue through a range of stakeholder events and activities to ensure that stakeholders are the best advocates for our services and champion greater equity of resources for community and mental health services. The current score reflects that the wider stakeholder engagement activities are commencing 29 th May and will be part of a wide programme of events.				
Key Controls To Manage Risk		Assurance on Controls		Type of Assurance
Development of programme to integrate community based physical and mental health services.		Monitoring by Strategic Intent Leadership Group and Board		Board Oversight
Communications and External engagement strategy		Workforce and OD Committee		Board Oversight
Regular reports to Health and Care Oversight and Scrutiny Committee (HOSC)		Regular Chair and Chief Executive reports		Board Oversight
Chair and Chief Executive Membership of Gloucestershire Strategic Forum (GSF)		Regular Chair and Chief Executive reports		Board Oversight
Member of Emergency Planning Preparation and Resilience Forum		Regular Chief Executive reports		Board Oversight
Chair membership of Health and Well Being Board		Regular Chair Reports		Board Oversight
Active member of NHS Providers and Community First Network		Regular Chair and Chief Executive reports		Board Oversight
Stakeholder Transformation events		Updates on Transformation at Board		Board Oversight
Quality Account		Review of Quality Account		Board oversight
Gaps in Controls and Assurance (additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Stakeholder Engagement informing integration with 2gether plans)	Stakeholder engagement processes launched and feedback mechanisms in place.	Chief Executive	Stage 1 complete June 2018
2	Clarity on GSF Decision Making (controls), particularly following announcement that One Gloucestershire has been granted status as a shadow Integrated Care System.	Memorandum of Understanding to be developed for Integrated Care System which reflects roles of GCS and 2gether and the planned integration.	Chief Executive	August 2018
3	Develop Relationship new HOSC members (assurance)	Joint induction session planned autumn 2018 and HOSC members to be fully integrated in Stakeholder events	Chief Executive	September 2018
4	Must dos identified by CQC	CQC Quality Improvement Plan actioned with timeliness	DoN	Ongoing

Strategic Objective	We will be recognised locally and nationally as an outstanding provider of community services, caring for people in their homes and local communities		
Risk SR3	There is a risk that we do not effectively celebrate our successes internally, locally and nationally; resulting in lack of knowledge of the range and quality of our services.		
Type	Quality	Executive Lead	Director of HR
Risk Rating	(Likelihood x impact)	Assurance Committee	Workforce & OD Committee
Inherent (without controls being applied) Risk Score	4x 4 = 16	Date Identified	April 2017
Previous Meeting Risk Score	2 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Increase the Trust's profile on social media and that this focusses on quality		Number of national, regional and local awards	
Increase the number of entries to national, regional and local awards		Number of positive media stories	
Raise profile of range and breadth of services with primary care			
Review methodology of the friends and family test to increase completion rates		Friends and family Test - increased completion	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Increase the Trust's profile (and that of the work with 2gether) on social media and that this focusses on quality		Number of national, regional and local awards	
Increase the number of entries to national, regional and local awards		Number of positive media stories	
Raise profile of range and breadth of services with primary care		Integrated Locality Board meetings well attended and positive feedback on role from primary care	
Maintain and further increase number of FFT responses and increase use of information provided.		Friends and family Test - increased completion and impact on services	
Rationale For Current Score (Identifying progress made in previous period)			
The Trust has improved its national, regional and local profile each year with good news stories outweighing negative stories. This has included the development of the 60 second service video's and the increased use of social media including Twitter by a range of Trust colleagues. The Trust's performance was recognised by CQC and a range of stakeholders in relation to winter pressures etc.			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Communciations and engagement strategy and plan in place		Monitored through Workforce and OD Committee	Board
Calendar of entry dates for national, regional and local awards used to support entrants		Montioered through the Executive Team	Management
Investment in Annual Understanding You Awards		Trust Understanding You awards	Managemt & Board

Regular attendance at LMC meetings, Locality Meetings and Integrated Locality Boards	Feedback at Board from Executive and partners	Executive
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Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Monitoring and targets for media presence (positive, negative etc)	Communication Plan agreed by WF&OD Sept 2017 and now being progressed and monitored by WF&OD Committee.	DoHR	Sept 2018
2	Clear targets to improve response rates for the friends and family test (FFT) and to demonstrate use of information to drive engagement activities including the merger.	<p>Significant engagement activity has been ongoing and also the importance of FFT completion reiterated to colleagues. Feedback recently received is indicating an improved position. Q1 Staff FFT and the results are as follows:</p> <ul style="list-style-type: none"> Response rate to staff recommending the Trust as a place to work has risen from 49% in Q4 2017/18 to 63% in Q1 2018/19. Response rate to staff recommending the Trust as a place to receive treatment has also risen from 85% in Q4 2017/18 to 88% in Q1 2018/19. <p>We also had a higher response rate than in previous FFTs at 22.1% Engagement remains a key strand within the merger processes. Response rates for service user FFT are also increasing and being monitored by the Quality and Performance Committee.</p>	<p>DoHR/Director of Transition</p> <p>Director of Nursing</p>	<p>Ongoing</p> <p>Ongoing</p>
3	Mechanism to improve Service User Feedback systematically shared through organisation	Key element of Stakeholder Engagement programme which is at the Core of the work to develop an integrated Physical and Mental Health Care offer	Exec	September 2018
Links to Primary Regulatory Framework				

Strategic Objective	We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care		
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		
Type	Quality	Executive Lead	Chief Operating Officer
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	Date Identified	1st April 2017
Previous Meeting Risk Score	2 x 3 = 6	Date of Review	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care –		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Delivery 17/18 CQUIN on Increased use of Personal Care Plans.			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Transformation with co-design at the heart of work with 2gether.		Stakeholder events and feedback	
Rationale For Current Score (Identifying progress made in previous period)			
There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks. To be further reviewed against Transfor			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Person focused initiatives eg End of Life		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives		Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking		6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions		Service user stories at Board	Board Oversight	
Specification increasing personalisation requirements		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. Actions to date trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

Strategic Objective	We will make sure the needs and views of service users, carers and families shape the way we plan and deliver care		
Risk SR7	There is a risk that we don't recognise and value the contribution of service users and carers in designing their own care; resulting in poorer outcomes and experiences.		
Type	Quality	Executive Lead	Chief Operating Officer
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 3 = 12	Date Identified	1st April 2017
Previous Risk Score	2 x 3 = 6	Date of Review	November 2018
Current Risk Score	2 x 3 = 6 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	2 x 3 = 6	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care –		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Delivery 17/18 CQUIN on Increased use of Personal Care Plans.			
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Revised Policy on Policies to reference co-design and person centred care – now being reviewed with 2g policy as part of Strategic Intent work		FFT Response Rate	
Core Values reinforced to incorporate valuing contribution service user.		FFT % recommend service – likely , extremely likely	
Patient stories and evidence of impact.- Regular item at Board		Number compliments, complaints, concerns	
Transformation with co-design at the heart of work with 2gether.		Stakeholder events and feedback	
Rationale For Current Score (Identifying progress made in previous period)			
There continues to be a clear focus on patient experience, including regular patient stories at Trust Board, regular training and development events, and through the Understanding You Group. To move forward to achieve target risk we recognise the need to progress training and development as part of essential to role training frameworks. To be further reviewed against Transfor			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Person focused initiatives eg End of Life		Groups within the Trust which have a specific focus upon improving the experiences of those with dementia or a learning disability	Management Oversight
Promotion of Patient First Culture through CORE behaviours, values and strategic objectives		Relevant metrics within the Quality and Performance Report received at the Quality and Performance Committee and Board	Board Oversight
Positive Risk Taking		6-monthly Understanding You Report	Board Oversight

Policies to support colleagues to make patient focused decisions		Service user stories at Board	Board Oversight	
Specification increasing personalisation requirements		Regular partnership meetings with Healthwatch and Quality Review meetings with the CCG	Management Oversight	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Strength & consistency of processes throughout organisation to ensure value of service users contribution recognised and built in. Review with 2gether Policy now ongoing.	Update Policy on policies to make sure patient involvement in own care is appropriately reflected. Being undertaken jointly with 2gether.	Trust Secretary	Sept 2018
2	Patient Activation Measures and Personalised Care Plans not in place as standard.	Review Core values and behaviours to ensure they reflect positive risk taking and emphasis on service user perspective. This will now be part of wider vision and values work with 2gether.	CEO	Dec 2018
		Trial of Patient Activation Measures (goal setting to inform decision making)for patients with long term needs. Actions to date trialled in MacMillan Service and being tested across two other services, prior to review for further development across Trust.	COO	Sept 2018
		Actions to date - Engaging Individuals in personal commissioning – personal health budgets – developing process. Presentation to CORE leadership Group July 2017 to develop understanding. Further system workshops scheduled with Senior leads in April and June following Gloucestershire being a pilot site for Integrated personal care plans and budgets	COO	July 2018
Links to Primary Regulatory Framework CQC – Well led, Responsive Constitution – Rights & Pledge				

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR13	There is a risk that we fail to maintain and develop an infrastructure fit for future services; resulting in fragmented service delivery models and escalating costs.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Finance Committee
Inherent (without controls being applied) Risk Score	5 x 4 = 16	Date Identified	20 April 2017
Previous Risk Score	2 x 4 = 8	Date of Review	November 2018
Current Risk Score	2 x 4 = 8 On Target	Date Next Review	January 2019
Tolerable (Target) Score	2 x 4 = 8	Date to Achieve Target	Mar 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
1. Estates Strategy – Agreed		1. Capital Servicing capacity	
2. Financial Strategy – Business Plan Process Resilience element support		2. Income and Expenditure Margin	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Business Plan delivered		1. Capital Servicing capacity	
Operational Plan delivered		2. Income and Expenditure Margin	
Capital Plan delivered		3. Reference Cost Index	
Rationale For Current Score (Identifying progress made in previous period)			
Development of clear service led estates strategy and IMT is progressing with a number of priority areas now moving forward e.g. Forest of Dean. JUYI			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Information and Management Technology (IM&T) Strategy		IM&T Steering Group	Management oversight
Capital Programme		Capital Expenditure Steering Group Group	Management oversight
Health and Safety and Security Policy		Health & Safety Steering Group – reporting to Audit and Assurance Committee	Management /Board oversight
		Board and Committee approval of IM&T , Estates and Financial Strategy and overall operating plan	Board oversight
		Finance Committee ERIC (Estates Return Information Collection) and PLACE (Patient Led Assessment Care Environment) monitoring	Board oversight
		Finance Committee Monitoring of Capital Programme	Board oversight

Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Assessment of what required for future delivery of services needs to be undertaken	To be undertaken in tandem with work with integration with 2gether NHS Foundation Trust	Executive	Sept 2018
2	Business Plan implemented	Business Plan Monitoring	DoF	Nov 2017 Ongoing
Links to Primary Regulatory Framework NHSI Single Oversight Framework CQC – Well led				

Strategic Objective	We will manage public resources effectively so that the services we provide are sustainable		
Risk SR14	There is a risk that we do not invest in long term sustainability, resulting in inability to sustain quality and compromising year on year cost improvement.		
Type	Financial	Executive Lead	Director of Finance
Risk Rating	(Likelihood x impact)	Assurance Committee	Trust Board
Inherent (without controls being applied) Risk Score	4 x 5 = 20	Date Identified	20 April 2017
Previous Risk Score	3 x 5 = 15	Date of Review	November 2018
Current Risk Score	3 x 5 = 15 – TARGET SCORE	Date Next Review	January 2019
Tolerable (Target) Score	3 x 5 =15	Date to Achieve Target	March 2019
Key 2017/18 Deliverables		Relevant Key Performance Indicators	
Updated Financial Strategy - Business Plan Process Resilience element supports		Forecast Trend for Return on Capital	
Business Development Strategy – Agreed focus on Business Planning Process		Service User Outcome data –(Mortality, Readmission, MSKat, reablement)	
Key 2018/19 Deliverables		Relevant Key Performance Indicators	
Updated Operating Plan		Forecast Trend for Return on Capital	
Business		Service User Outcome data –(Mortality, Readmission, MSKat, reablement)	
Rationale For Current Score (Identifying progress made in previous period)			
While good processes are in place, the operating environment is increasingly challenging and requires a longer term response which reflects the challenges within the operating plan, Cost Improvement Plan Targets and Control Totals. The work with 2gether NHS Foundation Trust will target the building of resilience			
Key Controls To Manage Risk		Assurance on Controls	Type of Assurance
Monthly Financial Reporting		Finance Committee monitoring	Management
CIP Steering Group		Progress against CIP targets is monitored at the CIP Steering Group which reports to the Finance Committee – Good historical delivery against QIPP and CQUIN. Trend on proportion of CIP delivered	Management/Board Oversight
QEIAs will be completed and signed off for all CIP schemes before they are implemented		QEIA Review at Clinical Reference Group and Executive or Board and Committees if necessary.	Management/Board
CIP Development Plan		NHS Benchmarking Group Report	Independent

		CIP Steering Group monitoring and Finance Committee	Management/Board	
Gaps in Controls and Assurance (what additional controls and assurances should we seek)		Mitigating Actions (what more should we do)		
		Action	Owner	Deadline
1	Updated Financial Strategy linking to STP	Review Financial Strategy and update	DOF	July 2018
3	CIP Plan 2018/19 delivery	CIP Plan 2018/19 in Place and monitoring processes on going	DOF	March 2019
4	Work Force Plan 2018/19	Work Force Plan 2018/19 to be reviewed by Resources Committee and Board	IDHR&OD	Ongoing
		Benchmark against Carter Metrics (once issued) Workshop held with Execs of both Trusts, outcomes to be followed up.	DOF	Ongoing
Links to Primary Regulatory Framework		NHSI Single Oversight Framework		
CQC – Well led				

Definitions

The overall risk ratings below are calculated as the product of the Probability and the Severity

Score. IMPACT SCORE

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
5 CATASTROPHIC	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
4 Major (HIGH)	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
3 Moderate (MEDIUM)	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
2 Minor (LOW)	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
1 (Insignificant)	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	

LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

RISK RATING MATRIX

Likelihood	IMPACT				
	1	2	3	4	5
5	5 (LOW)	10 (MEDIUM)	15 (HIGH)	20 (CATASTROPHIC)	25 (CATASTROPHIC)
4	4 (LOW)	8 (MEDIUM)	12 (MEDIUM)	16 (HIGH)	20 (CATASTROPHIC)
3	3 (LOW)	6 (MEDIUM)	9 (MEDIUM)	12 (MEDIUM)	15 (HIGH)
2	2 (LOW)	4 (LOW)	6 (MEDIUM)	8 (MEDIUM)	10 (MEDIUM)
1	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)

Impact Score x Likelihood Score = Risk Rating:

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